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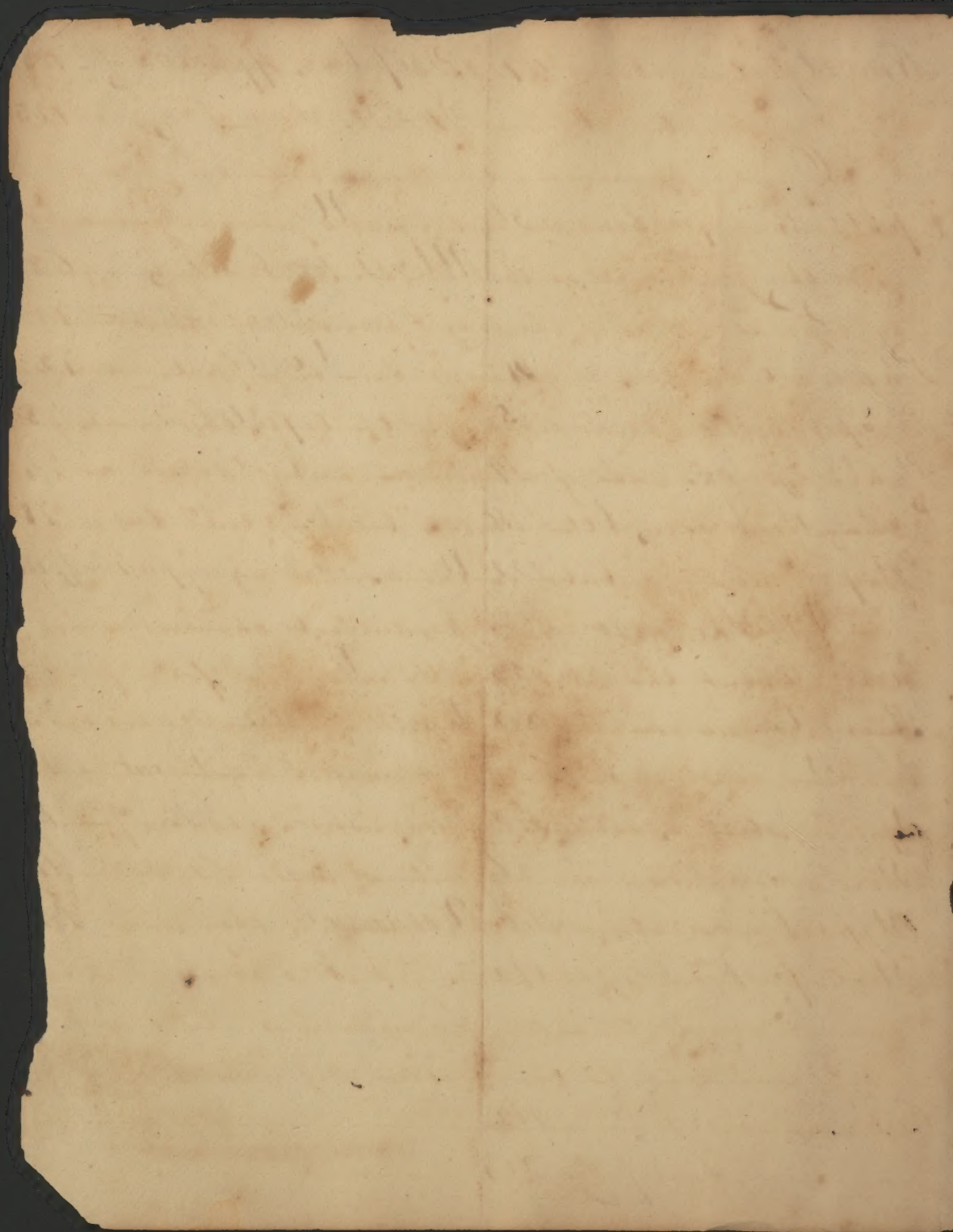
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Lecture Nov 11th 1825 D^r Mott

On the Venereal disease —

The first appearance of this disease is in the form of chancres. The chancreous matter has a peculiarity distinct from the Gonorrhoeal as that of the latter may be applied to different parts of the body & produce no effects whatever, whereas the matter of chancres have been found producing effects when applied to parts of the body. This was exemplified for the case of a surgeon having dressed a chancreous sore & the matter being applied to his fingers caused a bubo in the axilla —

The first effect produced by chancres is an itching about the part, & after increasing for a few days a small eminence makes its appearance, which breaking, causes a discharge of matter leaving an excavation, which excavation distinguishes a chancre from a mere excoriation. The majority of cases however may be mere excoriations & notwithstanding they may be cured by local applications, yet it is advisable to have recourse to internal medicines which may act as antidotes to the poison, as if it was a ^{systemic} ~~local~~ disease —

2 The time of the appearance of chancre is generally from 7 to 10 days after exposure, tho' in some cases a month may intervene before it develops itself -

Chancres make their appearance on different parts of the body organ, the most frequent is that of the corona glandis, near the præputium, which it speedily erodes. The next most common appearance is on the prepuce itself in the orifice of the Urethra, & occasionally along the dorsum of the penis extending to the Scrotum -

Treatment. The best is that which exposes to the least inflamⁿ. Some advise Escharotics but excision is better if the chancre is in a situation to be taken hold of with the forceps - applications - I most advise to apply the black wash (made by rubbing ʒi sub. muris Hydrarg. in ʒiij lime water) or other mild preparations of mercury, yellow wash &c. these applications to be accompanied with the blue pill (made with ʒr Cal $\frac{1}{4}$ gr opium & a little starch) or Corrosive Sublimate (ʒss pill) -

Little effect is made upon chancres until the system is affected by the mercury & unless its use is accompanied by the strictest antiphlogistic regimen

Bubo is always produced by harsh applications inducing inflamⁿ. Beware then of inflamⁿ & you will avoid Bubo. Treat mildly, & you will not have Bubo in one case out of twenty —

Chancere is apt to occasion Phymosis this is generally accompanied with considerable inflamⁿ. In this stage, the Physician should pause & reflect, tho' some recommend to continue the use of mercury at all hazards, Dr. Mott reprobates this practice as detrimental to the safety of the patient. If its use is continued the invariable result is Sphacelation —

New York

Lecture Nov 12th 1825 Dr Mott

When phymosis exists, make use of such remedies, as will reduce the inflamⁿ viz leeches & the application of warm poultices, the more emollient the better, at the same time make injections of black wash, & then cleanse with soap & water — If harshness & ulceration appear about the Corona glandis, the best practice is to lay it open by incision in order to expose it to the operation of the medicine, as the wound is necessarily considerable, the inflamⁿ is also considerably increased, hence if possible dispense with cutting. Dr Mott's manner of operating is with the Phymosis knife — Slit the penis on either side parallel to the prepuce — The common manner is with the director & bistouri, introducing the director under the prepuce & cutting down upon it. after cutting apply a thin layer of lint, & over this an emollient & poultice. In a few days inflamⁿ having subsided you must use such forms of mercury as least calculated to produce inflamⁿ as blue pill, Phummers pill &c

Paraphymosis is an opposite state to phymosis, being a retracted state of the prepuce. Most practitioners are too anxious in this state. In the greater number of cases relief may be afforded by manual operation. Dr. Malt's practice is, if delay be admissible, first to attempt a reduction by manual operation, which is performed as follows. Sit down before the patient & after winding a piece of rag around the penis, above the place of strangulation (the object is to press the blood out of the gland, for which much time & patience is necessary) then take the penis, between the first & second fingers of each hand & push with the thumbs upon the gland & draw upon the prepuce, by this means relief is generally obtained. If we fail in effecting this operation must be resorted to -

After frequent general & local bleedings, apply lead water poultices (made of bread & milk & lead water) for a few days. Here too if there be much inflammation lay aside mercury - Operation. Turn up the penis & seek out the place where the prepuce is most closely bound down. Take hold of the penis in this place with Phymosis Knife, cut the prepuce a little -

6
Sometimes the penis mortifies, occasioning much solicitude on the part of the patient & Physicians. Generally the integuments only, tho' sometimes the whole or greater part of the penis are destroyed -

On the first appearance of symptoms of mortification, proceed to arrest it by poultices - a blister around the penis on the healthy part prevents the mortification from extending farther - To prevent fœtor & a sloughing use lotions of nitric acid gutt. 30-40. pint of water - another good application is Conserv. Rosar 3r. Honey roses Tinct opii aa 3i; - In this stage Opium should be freely used, for in almost all cases, there is great ^{irri-}susceptibility & opium judiciously given is of much benefit - Do not consider it a great antiphlogistic Remedy in the state - If the patient has been in the habit of using liquors, let him have such Rinses, as he has previously used tho' not to the same excess - In many cases there is delirium tremens & here the above is particularly necessary, Restore now the tone of the system, after which you may recur to the use of mercury as the blue pill &c - Treat the ulcer as a simple ulcer - One of the most absurd practices in

Healthy granulations is to applications of - it is only
necessary to protect from air -

When the penis is sloughing, two or three rather
alarm circumstances sometimes occur, as Hemorrhage
which sometimes is so considerable as to demand immediate
attention. It may commonly be arrested by applying lint
& prepare - If these fail, apply with a probe lint dipped
in Ligo Ferri, to the artery -

Another occurrence is the union of the
urethra - This is to be prevented by inserting & wearing from
the commencement of ulceration an elastic catheter an
inch or two in length - This is very important, for strictures
of an ordinary nature, are nothing compared with stric-
tures from cicatrization -

Females are occasionally subject
to chancre, one fact should be noticed, that in females
there is much more danger than in males - Chancres
commonly occur just within & in the lower part of
the labia majora & sometimes on the mons veneris
Same Treatment as in males -

Warts are appearances found in both sexes. There are two kinds venereal & nonvenereal warts. They generally arise from the want of cleanliness, as they frequently occur when there is no venereal disease. They appear in two forms, soft & hard. The soft nonvenereal the hard venereal -

Though warts are cured by mercury this is no evidence of their venereal nature. Mercury operates upon the system & as it is of use in fever - so in this. Much in treating warts depends entirely upon local applications, as Sulph. Zinc, Sulph. Copper, Linct. Iron, or extirpation by knife, also by oxide of arsenic applied in powder or ointment. Antimony lunar caustic &c -

Bubo, tho' a frequent is, not always a certain product of chancre. I must pass he has seen the most terrible form of bubo without chancre - Bubo in the groin is a state between constitutional & local disease or primary & secondary forms - When bubo is the consequence, of, or follows chancre, it generally appears on the same side with regard to the penis as the chancre is - If chancre be on the penis it is seldom or never followed by bubo - Bubo generally appears in the upper range of glands - If the enlargement be in the lower range of glands, & particularly if there be many glands affected & depend upon it these are independent of venereal affection, they may be scrofulous & sympathetic - a venereal bubo has the appearance of a simple ulcerated gland, it may always be distinguished by nocturnal pains

^{morning} Treatment, if there be much inflammation generally a local is improper - It has been administered for the purpose as was said of removing the obstruction below & about the part the effect however is inflammation - I reduce the inflammation by free, brisk purging & similar - He relates the case

of a man going to sea affected with bubo, & in consequence of 24 days sea sickness, the bubo was discurfed & he returned well. Local application, for the same purpose are Leeches - If in the country where leeches are procured with difficulty, the best substitute is cupping - apply both of them near the bubo. Then follow by emollient poultices. In many cases they are excellent for discharging tumors. If inconvenient for the patient to wear poultices, substitute blister plaster or stimulating plaster, of the different gum plaster, ointment of Tart Emet. If matter be formed in bubo glands will increase that matter -

Bubo appears in three different states. It may become indolent during the state of suppuration - When this is the case promote inflammation by mercury - or by brine poultice (made with brine or salt water & bread & milk) they are sometimes stationary during the progress of suppuration - Besides Mercury internally, apply ung. nitrat, argent, or yellow or blue wax, & if these be not sufficiently powerful use caustic either in solution, or apply to the part -

When a bubo has suppurated, it is no insignificant question, when is the proper time for opening it. Dr. Mott's opinion & practice is to open as soon as matter is fairly & distinctly formed. It is however dangerous to open before matter is distinctly formed after matter is completely evacuated, apply rum & with prepare. It is generally a matter of some importance to guard against an eschar. The best manner of opening is by seton, the next best is by caustic, for though it takes out a piece of flesh, yet the eschar is but small. The Escharotic compound with opium is less painful than a simple one.

Escho sometimes forms sinuses. In this lay it open. It sometimes takes on a sloughing nature: a sloughing penis is not more alarming. Treat it similar to a sloughing penis. In both cases beware how you use mercury until it has become a perfect granulated sore.

The first evidence, that the constitution is affected is its appearance in the throat - It is an interesting question, whether the matter is introduced into the system & breaks out in the throat, or whether it is produced by sympathy. This question will probably never be decided.

When it does appear in the throat it is commonly known by the peculiar pain in the throat. It is curious that it will appear ten years after it has been cured in the genitals. The patient will commonly tell you that the throat feels uncommonly dry & that in swallowing irritating fluids, a smarting is felt. The venereal ulcer in the throat commonly appears in form of a slit of a white appearance. The most favourable situation for the occurrence of ulcer is the Tonsils & Fauces &c. Venereal ulcer in the throat is generally very rapid in its progress, destroying not only the soft parts, but also producing caries of the bones of the palate &c. -

Lecture Nov 15th 1825 - Dr. Moore -

On the Venereal Disease -

It is frequently found affecting the larynx at its upper part
It being a venereal affection is known by an expectoration
of bloody mucus - loss of voice - Haemorrhage from the laryngeal
arteries, & not being connected with any pain in the chest

Treatment - Muriate of mercury is the most proper
preparation of mercury as it acts upon the system sooner -
maudates sooner & owing to that connection between the
stomach & blood vessel, seems to exert its action upon the
system sooner than any other preparation. It may be used
either in the form of solution or pill - Dr. Moore gives it in
solution as its quantity may be better determined. It may
be dissolved in Spts & may be taken twice or thrice a day -

It may be sooner cured in warm than cold climates
as the effect of the medicines tend more to open the sinuses
of absorption, Symps. & as on - Continue the mercury until you
find some impregnation is made upon the system - frequently
recourse must be had to Tonics & judicious course of
regimen - Where the affection about the throat is visible
it may be touched with a pencil previously dipped in a
solution of muriate of mercury 1℥ water 3i. or a solution
of acetate of copper, morrine & creosote, or muriatic acid.

It drops to 38 water or the caustic in its solid state
 argent, nitrat., sometimes you will be obliged to stop &
 institute a tonic plan & afterwards continue the first
 mentioned -

It next attacks the skin & is very strongly
 marked. assumes a variety of forms, but has peculiar
 characteristics, generally a brownish sort of scale appears
 & underneath that scale or scab there is an osium of
 bloody fluid, & there is visible a kind of inflammation.
 Sometimes it appears in the form of blotches, one
 singular circumstance of these sores is, that they are
 attended with very little pain, but there comes on an
 itching towards night which continues until three o'clock
 in the morning, an interval takes place - Sometimes
 these sores assume a larger surface & take the name
 of sphagedenic sores, appearing first about the Head
 Breast & upper extremities. The most speedy & efficacious
 mode of treatment is the Mercurial of mercury & the
 sores dressed with mercurial ointment or black wash
 never remove the scab for the application of the
 ointments. Tonics & purgatives are likewise necessary - you
 may use 3i an

The disease next attacks the nose, known by the patient telling you that while blowing or picking his nose, hard scabs have come out, and on these scabs a bloody fluid appears, it commences with an inflammation of the membrane of the nose. when the bones of the nose become affected it will give a most fetid smell, sometimes they can be removed by taking hold of them from time to time with the forceps —

Lecture Nov 10th 1825 D. Mott

The venereal affection of the nose requires the same treatment as the foregoing forms — Bring the system immediately under the influence of mercury — use muric of mercury — correct the fetor, which happens when the bones of the nose become affected, by using, nitric or muriatic acid D^r Mott recommends the muriatic — take 25 drops to 83 water, let the patient put some in the hand & sniff it up his nose, this is also calculated to forward the separation of the bones —

Nodes appear upon certain parts of the body, always upon the hard bones viz tibia, ulna, metacarpal bones. sometimes tho' rarely upon the sternum - It is an inflammation on the bone, & the fluid discharged in a smooth elevation with an effusion of fluid underneath, the fluid is not purulent, but serous. When there is no inflammation the fluid may be absorbed as then there is an evidence of no pus - The fluid remaining, resorption must be had to the antidote, mercury apply blisters & tart antz continue inflammation coming on suspend the mercury, use emollient poultices antiphlogistic lotions, alteratives & tonics. When inflammation subsides, resume the mercury. When nodes appear upon the head, and inflammation comes on, let them remain until they break - sometimes the external table of the bones of the cranium comes away leaving the internal table & displaced, & sometimes they are removed, exposing the dura mater. The foregoing are the most common appearances of the venereal disease -

Tumors are sometimes found in the cellular membrane - cured by mercury -

Testicles are often affected. the diseases of these are intricate & various —

The venereal pains in the bones, are to be distinguished from Rheumatic pains. persons under the influence of mercury being exposed to colds will be affected with what is called Venereal Rheumatism, which may be distinguished from acute or chronic Rheumatism, by the venereal pains having an exacerbation every 24 hrs. these pains come on towards evening & increase in violence until towards morning, when an interval takes place —

The venereal disease attacks certain parts only, viz the skin, bones & membranous parts. but never the vital parts, neither the viscera of the Thorax, abdomen, or brain —

It is divided into primary & secondary forms. The primary are chancre & chancres. The secondary are affections of the throat, skin, & bones —

18 If it regards the history of the venereal disease
Dr. More thinks it has existed from time
immemorial, tho' called by different names.
The modus operandi of mercury upon the
system is by producing a superior effect to
that of the venereal virus, by operating upon
the salivary glands, kidneys, ^{skin} &c, thus opening what
are called the sluices of the body, which carry off
the disease - It is the long continued action of
mercury upon the system that cures the disease
and not profuse salivation. For the cure of
a chancre continue mercury for 2 weeks at least
after the chancre is healed, for the cure of bubo
4 weeks, and in secondary diseases no definite
time can be assigned.

Lecture Nov 17th 1825 Dr. J. M.

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The susceptibility of receiving the venereal poison is diminished by the frequent applications of it. this poison is unlike others of a contagious nature, for being once affected with it is no security against a second attack upon exposure, as it the case in some others —

The first attack of this disease is always the most violent, & more difficult of cure than subsequent ones

When you give a patient mercury, you will find that small doses sometimes produce great effects, and at other times large doses no very evident effect

Dr. Mott says he scarcely ever uses mercury except internally, though he says cases have occurred when where the disease was very violent & rapid & then was obliged to have recourse to mercurial ointment

When Syphilis comes on most profusely, keep the bowels laxative, the mouth clean by borax & honey blisters applied over the parotid glands. the neck & face covered with flannel, or you may use nitric acid 20 drops to 38 water increasing it if necessary or argentic nitrate, - acetate of lead is however the most efficacious for sore mouths 34 to a quart of water in consequence of long continued Syphilis the alcohol is not

sometimes become looser -

With regard to the treatment of sucking Children labouring this disease Dr. Ferri gives mucate of mercury grs 1 to 3i alcohol taking 1 drop 3 times a day increasing it by 1 drop a day

A curious effect produced by the continued use of mercury is a disease called Erythema Mercuriale an affection of the skin entirely. Sometimes covering a small extent of the body, at other times the whole body. It appears in the form of a brassy scale, & under that scale a bloody fluid, attested with a peculiar odour, this is a most distressing & alarming affection, when it extends over the whole body - It proves fatal in two different ways 1st By producing a diarrhoea & 2^d By bringing on a most awful dyspnoea (See Pearson on the venereal)

Watch it carefully in its tendency to the typhoid state - in some cases bleeding, may be necessary, but you must not venture too far, when the breathing is very difficult you may then bleed & apply blisters

When a diarrhoea comes on use soothing drinks & anodyne injections, & applications to the anus of lime water & milk

Gonorrhoea is a term made use of to convey an idea that there is an inflammation of the mucous membrane of the U. of the of a specific sort, called Clap, from a French word signifying a blow here however, because the disease was then contracted. I think the best term for the disease is Urethritis.

A Clap commonly comes on at first with a sensation at the end of the penis as if a drop of water was there retained, attended with an itching, which causes the patient to rub it, & then there will exude a fluid from the end of the penis, the next day or two after, a purring a whitish fluid appears, in a few days more a smarting will be felt in passing water called ardor urinae. The discharge afterwards assumes a greenish appearance or yellow.

This disease generally appears in the course of a week after exposure, sometimes longer & sometimes shorter. - It generally is confined within 2 in. of the end of the Urethra, but sometimes extends the whole course of it, even inflaming the bladder.

Lecture Nov 18th 1825 9th Nov -

Gonorrhoea Continued -

We occasionally find that a person unacquainted with Urethrits will be afraid of ulceration, there is no danger however of this - Gonorrhoeal inflammation spreads over the penis along the dorsum penis as far as the groin there is no fear to be entertained with regard to buboes arising from gonorrhoea for they scarcely ever suppurate, requiring merely local treatment for discharging them -

This disease is communicated by contagion, & it may be communicated by a catheter previously used in a person affected with it -

The method of cure depends upon several circumstances - If the patient has had the disease before & attended with a swelled testicle, you must beware of injections - so likewise if he has had a stricture - If the system is scrupulous it will sometimes require all the remedies you can devise -

There is a great variety among practitioners in treating this disease -

Dr. Thernath (whom Dr. W says he has listened to with admiration & delight) called this disease nothing but a cold (as he expressed it) of the urethra & being left to itself, will run out in a short time - But Dr. W does not coincide with this opinion, for he says instead of running out, it will run up - On the very first appearance of this disease, you may make use of a strong injection of of Sulph. Lime ʒij to ʒi water & this will cause an inflammation which in most cases will cure the disease -

But for the most part we do not see the patient until there is a considerable degree of inflammation when this method will not answer - you must then treat it strictly, antiphlogistic for a few days - Dr. Watt gives the following Recipe -

℞, Sulph. Mag. ʒij } to be pulverized finely, -
 Nitrat. Potash ʒi } & divided into 8 powders
 Gum arabic ʒp } Gave 1 every 3 or 4 hours

In addition to this it may be necessary to apply leeches to the penis & even bleed from the arm, use warm bath bring the penis up to the abdomen -

When the inflammation subsides, you may either use injections or not, if not I must give the following prescription which he says is generally effectual

R. Balsam Copaiva $\mathfrak{z}\text{i}$

Spts Nitre $\mathfrak{z}\text{i}$

Sulphuric acid $\mathfrak{z}\text{i}$

Mucilage of gum arabic $\mathfrak{z}\text{ss}$ or simple Syrup $\mathfrak{z}\text{i}$ water $\mathfrak{z}\text{ss}$

Tinct Lavend. $\mathfrak{z}\text{i}$ -

Mix in the following manner - Pour the water into a large Chial, then add the Sulphuric acid shaking it well, then add the Balsam Copaiva, shaking it up again then the Spts Nitre & lastly the Tinct Lavend -

Let the patient take a table spoonful three times a day - This seldom fails of effecting a cure -

But if disposed to treat by injection, Lead is not to be used, because it is apt to produce strictures, you may use either the acetate of Zinc or Sulp Zinc - 1℥r acetate to $\mathfrak{z}\text{i}$ water - Sulp Zinc $\mathfrak{gr}\text{ iij}$ to $\mathfrak{z}\text{i}$ water - or Murias Hydrargyri $\mathfrak{gr}\text{ i}$ to $\mathfrak{z}\text{ss}$ lime water, making the yellow wash

If a person, who has the disease with a stricture, & it resists the remedies used, you must then use the bougie, & if there is no stricture, & the disease does not yield, you must take a bougie besmeared with balsam Copaiva & introduce it - In the use of Balsam Copaiva, it will sometimes have such an affection, that you must leave it off, producing Urticaria - To be removed by active purging, and discontinuing the balsam -

Another remedy recommended by ~~Pringle~~ of the Cubels. The first year that I introduced it into my practice, I used 30 or 40 percents - It operates by its stimulating effect - Take it & let it be finely pulverized - Give a Spoonful 3 times a day in a cup of milk -

On Strictures —

Strictures in the Urethra are sometimes a consequent effect of Gonorrhoea - They are not only interesting & to be particularly regarded by the Practitioner from the effect of their stopping the passage of the water but likewise from producing effects upon other parts viz the bladder, perineum &c - An intimate knowledge of the male organs of generation is absolutely necessary to the surgeon in treating strictures, hence the necessity of combining anatomy with surgery - Strictures are divided into permanent, spasmodic & inflammatory

The first evidence of a permanent stricture is a more frequent desire to pass water, than the water passes in an unnatural stream, as the current is split or spiral or flat, it also requires great effort to pass it - the bladder often becomes contracted and diminished in capacity, there is a continual dribbling of water, there is also an inflamⁿ above the stricture

The irritation sometimes extends to the kidneys inflamⁿ, suppuration & frequently terminating fatally - One consequence of stricture is fistula in perineo —

When you have reason to apprehend a stricture it is important to know the proper & precise situation of it in the Urethra. The Male Urethra is divided into the prostrate, membranous & penile portions

The most common situation for strictures is in the membranous portion, the next is that near the bulb of the Urethra, sometimes they are within an inch of the end of the penis, when in this situation it is the hardest & most firm of any, presenting a white appearance —

Inflammⁿ is the cause of stricture a man may have a stricture without being produced by gonorrhoea, as when violence is done to the parts even by the use of Cantharides — They present themselves in 2 or 3 different ways, the 1st as if a narrow cord was drawn around the Urethra, the next as if a broad cord was drawn tightly around it & 3^d like small thread passing across the Urethra — There is another stricture called the Elastic Stricture which will suffer a large bougie to pass up the Urethra, but being withdrawn, the Urethra returns to its former state, but a stricture resulting from Coarctⁿ is the most tedious to overcome, they are to be overcome

if possible by the frequent introduction of bougies
 Prudence & delicacy is particularly to be observed
 in the introduction of bougies for ascertaining the
 state of the Urethra, very little force is requisite
 when there is no impediment, & when imprudently
 managed in the hands of the unskilful, it may be
 resisted by the folds of the Urethra inducing them
 to suppose it to be the stricture —

A variety of instruments are in use for
 this purpose, such as the Gum Elastic bougie,
 the wax & the catgut bougie, but the best bougie
 is the inflexible metal bougie, as by its inflexibility
 you can manage it according to the situation
 of the Urethra —

If upon an attempt to introduce
 the instrument for the purpose of ascertaining the
 the state of the Urethra, it should be stopped, use
 no violence, but withdraw, & make several trials
 for several days & not have immediate recourse to
 Caustics

Lecture Nov 21st 1825 Dr. Will

Whenever a stricture exists in the Urethra, pass an instrument, to ascertain, first a large one and then a smaller one. It is very, rare for me to use any thing else but common bougie. In Hospital practice I never use the caustic bougie but, 3 times & in private practice, but once, it requires a long time for the purpose of overcoming it. —

Caustic Bougies are useful in the Hands of the experienced. Sometimes they cause an inflammation in the perineum, swelling of the Urethra, causing, inability to pass water, if so put the patient in warm bath, give anodynes. if sloughing comes on, apply a common bougie. — The Caustic Bougies, are the Lunar Caustic, Sapis infernalis Caustic Sol. — In the use of Caustic Bougies, it is better first to take a common wax bougie, & bend it a little, then introduce it as far as the stricture, & withdraw it, marking the length on the caustic bougie, that requires to reach the stricture, then introduce the caustic, & withdraw as soon as it reaches the stricture, then wait until 24 Hrs, then the common bougie, & a sloughing will appear on the end of it. — Under several circumstances, from the sensation caused by the passage of the instrument, either, fainting or rigors will come on. Give anodynes before the introduction of bougies

It is often enough to make use of ^{them} every 2 or 3 days, until the patient becomes cured to it. Sometimes 2 or 3 applications will be attended with remarkable success, at other times, it is very tedious to overcome. Haemorrhages sometimes succeed the use of Caustic Bougies. I think the Argent, Nitrat, the best caustic, another kind is the Caustic Solution - you may make a caustic bougie in the following manner - Take an indefinite ^{quantity} of muriate of Ammonia & muriate mercury equal parts, put it into a quart of rain water, shake it until it dissolves - then take a Catgut Bougie & dip it in the solution, it will crystallize on the end of the bougie, thus then it is armed. Persons using bougies should have a great variety of them -

The Spasmodic Stricture is consequent upon permanent Stric, it is that which gives the irritation causing a spasm -

It comes on upon sudden exposure to cold air, after drinking - Use warm bath & pass a catheter, if the water does not pass, give a large anodyne & let the patient go to bed - If this does not succeed give an active enema which by relaxing the parts will sometimes cause the water to pass freely.

If this fails, give an anodyne injection (a wine glass of starch & a tea spoonful of Laud) - If this does not succeed give Muriated Tinct of Iron for the purpose of producing nausea - 10 drops every 10 minutes until it nauseates or
 Turbidity

Lecture Nov 22nd 1825 Dr. Pratt -
 Remedy for Spasmodic Stria, cold bath, when
 nothing can be introduced into the Urethra -

In inflamed Stria, there is more or less of Spasm
 Inflammation may take place in the Urethra as in other
 parts of the body - the urethra being more or less irritable
 in persons of full living, is a predisposing cause, -

Treatment, Apply Sinapisms to the perineum
 they are better than blisters, as strangury often follows blis-
 ters, they also produce the rubefacient effect sooner than
 blisters - Mustard poultices will have an effect in 1/2 hour - it
 will often relieve the Spasm & the urinal flowing -

In cases of inflammation of the urinary organs, give liquor potassae, or aquae kali purae, a teaspoonful in milk.

The oesophagus is sometimes affected with stricture, that part opposite the cricoid cartilage of the larynx - Here it is where substances are generally lodged, it is known by its gradual advance.

Sometimes it occurs low down in the oesophagus, the patient complains of inability to pass his food in the stomach - uneasiness - soon the contents of the oesophagus are thrown up, caused by an inverted action of the tube - When a stricture exists in this part, the patient becomes emaciated, unable to take solid food, & liquid with difficulty.

Treatment, Under these circumstances nothing but manual assistance can be afforded - in order to do this, Take a large bougie 18-24 inches long, as large as your fore finger, give it a little curve let the head be drawn backward, oil the bougie the common wax one & pass it down the oesophagus, the ease with which it passes into the stomach, will determine that it has passed the obstruction.

Dr. & Home has recommended caustic bougies to be used here, but I have never used them in the oesophagus - the vicinity of the parts, ~~the~~ the stric, of the diaphragm would partake of the inflamⁿ & probably prove fatal.

Stricture in Rectum. The rectum being a muscular organ is liable to contraction, by far the most of them end in Stenosis, & this carcinoma - The sphincter muscle becomes so contracted as scarcely to admit a quill, vomiting, comes, externally there will be piles -

Treatment - It has been proposed to cut the rectum, more benefit however is attendant upon bougies beginning with small ones & increasing in size, until they become as large as the rectum.

The next consequence of stricture is fistula in perineo, it is an opening formed for the passage of the urine in perineo, a hard tumor is formed - Pass the instrument so as to let the urine pass through & interrupt its passage in the sac. Where, no bougie will pass, you must use caustic, so as to prevent the fistula from suppurating - open the urethra, by passing an instrument down the penis & cut upon in perineo - substituting an artificial urethra.

Lecture for 23rd 1825 Dr. Matt. -

There is danger of keeping the instrument in too long 10 or 12 days is sufficient at the longest - a metallic instrument is objectionable on account of being inflexible - Flexible gum elastic instruments are the best -

An effect of Gonorrhoea is an irritability of the mucous membrane of the bladder known by pain in regio pubis, desire to make water urine of a white colour -

Treatment, the patient must live abstemiously - use an injection of 13 opium dissolved in water, injecting the bladder - Not always produced by gonorrhoea, sometimes happens in children, use lime water & milk - Palsy of the bladder sometimes succeeds inability to contract - Cured by applications of blisters to the back & loins, or which is better to the regio pubis

Buboes from Gonorrhoea are called Lymphathic because they rarely suppurate, apply a soap plaster to the part -

There are sometimes Haemorrhages from the Urethra in Gonorrhoea of an alarming nature, when profuse they often cure the disease. they may be stayed by a cold injection - apply a compress with T bandage -

External Gonorrhoea, when the small glands behind the Corona glandis are affected, allayed by lead water, or black wash, treat antiphlogistically -

Another effect of Gonorr, is an inflamⁿ of the testicle commonly only one is affected - comes on at first with pain in perineum, then pain in the back & loins referable to the then in the groin, shooting down to the testicle, beginning at the Epididymis. the inflamⁿ produces sickness at the stomach, if the patient goes about, apply a suspensory bandage, - bleed, purge, apply lotions of Spts. minceuri & lead water, after general bleeding, use local bleeding by leeches, or if leeches cannot be procured, foment the scrotum with flannel wrung out of warm water, this determines the blood to the veins of the scrotum, so that you may open them with a lancet - then apply a common warm poultice - Consult your patient's feelings with regard to a warm or cold poultice - In some cases, warm applications will increase instead of alluviating the pain,

Some apprehend suppuration in case of inflamed testicle, but this is very rare indeed -

Sometimes the testicle remains in a state of enlargement & hardness for a length of time - sometimes like a knot upon the Epididymis apply a soap plaster with a suspensory bandage or wear a piece of oiled silk for weeks or months it relaxes the skin & frequently reduces the enlargement

Beware of injections in inflamⁿ of the testicles pay strict attention to the scrotum, regard less in a measure of the Urethra, if the running returns treat internally & not by injections -

Another effect of gonorrhoea is what is called Gonorrhoeal Ophthalmia & Gonorrhoeal Rheumatism Under these circumstances I have bled & purged pretty freely - the following is very good to administer -
Equal parts of Balsam Copaiva & S^t Turpentine
Take 20-40 drops 2 or 3 times a day - drink freely of some diluents such as tea of Sassafras or Sarsaparilla

Lecture Nov 25th 1825 Dr. Mott -

The last consequent effect of gonorrhoea which I shall mention is impotence, implying loss of virile power. This is frequently attributable to some defect in the testicles, & tho' one testicle may be removed yet the power of procreation is not suspended.

We have examples of persons losing ^{of} their testicles & yet having a large family, & even after both testicles have been removed still the process of secretion will continue for some time whether from the vesicular Seminales or Vasa deferentia is not accurately known. - Under circumstances of enlargement of the testicles, it is an alarming fact, that when the inflammation subsides the testicles are sometimes wholly absorbed. I knew a gentleman who had an inflammation of the testicles & after that inflammation had subsided the testicles were completely absorbed leaving a sort of ligament - the secretion continued for some months, & was then suspended also the power of erection was lost -

A common cause of impotence is an inability to retain the semen, owing to the peculiar irritability of the part. Under these circumstances, the least excitement will cause the discharge, even the slightest indulgence in lascivious ideas -

Treatment for impotence; addrop the musto & using
 grate the body - use ^{old} warm bath - give a large dose
 of opium on going to bed & commence exercise -
 take a journey internally give the following -

R Si Gum Olibanum

3ij Gum Myrrh

ʒss Carb, Iron

Balsam Copaiva sufficient to make up
 divide into 20 pills, give one morning, noon &
 evening, & increase the quantity of iron as the
 stomach will bear it - you may also use an
 instrument called the pexum penis, which is
 serviceable by preventing the extension of the penis
 it is to be applied near the scrotum -

It happens now & then that persons are
 impotent from the state of the mind; believing
 that they are inadequate to the performance
 When this is the case, it is useful to call up that
 ingenious stratagem of the Quaker - he was applied
 to by a gentleman who was about to join in matrimony
 but said he was unable to perform the acts of sexual
 intercourse, he attributed it to his mind & therefore
 prescribed some gentle medicine, assuring him that

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If he would promise to try so long a time with his
wife, without embracing her, he would be cured,
He therefore made the promise, but did not fulfill
it, for within a few days, he engaged in the act & did
well.

On Inflammation

Inflammation is a term which implies, that the
part is hotter, redder, more swelled & more pain-
ful than naturally, the ancient division was into
acute & chronic, another division is into active &
passive, the division made by Dr. Hunter was
that of Healthy & Unhealthy - When inflam-
mation ^{attacks} certain parts or organs, or the same characters
in every constitution, they are different degrees -

Healthy inflammation is always apt to termi-
nate more favourably when excited near the source
of circulation - (1)

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About the inflⁿ = a generally of a pale red, and
unhealthy of a dark red colour -

Parts highly organized & sensitive resist
inflⁿ = best - of inflⁿ of the skin & muscles
terminate more frequently than of the harder &
less sensitive parts as tendons & bones -

It has been said that the vital parts are
highly organized, & should resist inflⁿ = best,
here a qualification is necessary - tho' it does not
follow, that because vital therefore highly organized.
wounds of these parts are dangerous, because they
are so essential to life -

Inflⁿ = is apt to be most violent
on that side nearest the surface of the body -
gun bores are illustration of this, making their
appearance generally on the outside, instead of
inside of the jaw -

Lecture Nov 26th 1825 J. M. D.

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In further illustrating the law which influences diseases of being most violent on that part nearest the surface of the body pituita in an eye is an example, when it exists it shows itself in the inside of the gut & instead of going through the gut & out, it makes its way down the side of the gut to the anus, sometimes it appears high up & the matter passes out thro' the rectum.

Likewise in diseases of the antrum maxillare it forces itself externally — another example of that of gun shot wounds, for instance if a ball pass laterally into the thigh, nature will discharge it either upwards or downwards according to circumstances instead of either side —

All newly formed parts are more easily destroyed than original, because they are less highly organized, take for example any form of tumor that will be found more fragile, more easily destroyed.

Hence the success which quacks often have by applying their punctures, lotions &c, which be stimulating the parts induce inflammation & sloughing, & thus the tumor disappears.

In viewing the progress of inflammation we find three stages yet - 1st Adhesion, 2^d Suppuration 3^d Ulceration -

There is a law to be observed with regard to these different stages of inflammation -

Adhesion seldom takes place in certain parts of the body, as in membranes, those attached to important viscera - as the Heart, Peritoneum &c. so also in the cellular membrane -

On other surfaces, we have another stage of inflammation called suppuration, this takes place on mucous surfaces, as the Uterus, Bladder &c. for in these cases adhesion took place, it would be attended with very dangerous consequences -

Ulceration, this is more likely to take place on many surfaces than adhesion is. When ulceration exists it generally spreads considerably - & the vessels therein into such a state, as to be absorbed by the Lymphatics.

Health of Liver & Spleen - Characteristics are
Redness, Tumefaction, Pain & Heat -

1 Redness in inflammation is to be accounted for by
the red blood getting into the vessels, which are not
naturally destined to carry it, & by its rushing into
them vessels reddens the part -

2 Tumefaction is owing to several causes -
1st to the quantity of blood - 2^d to the accumulations
lymph or adhesive materials - 3rd to diminished
absorption 4th Extravasated blood -

3 Increase of sensibility or pain is explained
differently by different persons, it is greater, when
the artery is beating - Hence the cause probably
is the pressure made upon the nerves by the
diastole of the arteries -

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11th - Heat. Soon after the discovery of the circulation of the blood, it was supposed to be owing to the friction of the red globules passing thro' the vessels, called arteries, but this is disproved by the fact, that any fluid passing through a tube with the greatest velocity is incapable of generating heat, the vessels of an inflamed part, having more blood in them, become distended the circulation retarded, & in consequence of this more time is given for the evolution of Heat -

If you apply a blister to any part of the body & when the cuticle is denuded, place a sensitive thermometer, to the part, & it will be found to rise from 4 to 7 degrees higher, than at any other part -

Inflammation terminates in five different ways, 1st Resolution, 2^d Adhesion, 3^d Suppuration, 4th Ulceration, 5th Mortification

When it terminates in Resolution, the swelling subsides, the heat goes off & leaves the part in a natural state -

When adhesion takes place, the redness will gradually subside, the part will be altered in its structure, & the tumefaction will not entirely disappear. When the part becomes shining, more elastic, the pain subsiding, but tumefaction increases & a fluctuation is felt, it will then terminate in suppuration. When the lymphatics remove the parts inflamed, it is said to terminate in Ulceration.

The last & happily the least frequent termination is in Mortification, it may terminate in this way when the part has been destroyed of its vitality by severe injury - this is very rarely we see, a healthy inflamⁿ to terminate in mortification, when it does however, instead of the florid red, the part will assume a livid hue, and blisters will be observed on the part, there is also a diminution of heat.

Another termination is Schirrus. this is chiefly in glandular parts -

The pulse in inflamⁿ is generally hard, it depends upon the situation of the part & whether it be full, or small.

Lecture Nov 29th 1825 Dr. Mott

With regard to inflammation arising when fracture exists. It is observed that if the muscles become inflamed there is generally spasm, it is an objection to operation, where there is inflammation, for if you cut into a part inflamed, instead of uniting by adhesion suppuration will be the consequence.

Predisposing & Exciting Causes of Inflamm.

It is untrue that the debility is not prone to inflammation, on the contrary there is less aptitude to inflammation in healthy habit. Take for example a tumor on the breast, the irritability caused by an operation on it, will sometimes prove fatal.

Never therefore perform an operation of much consequence, where the system is debilitated, & where there has been an action of mercury upon the system.

Exciting Causes are divided into two great
Classes - Mechanical & Chemical - as violence from
blows &c. Irregular action - Cold operating in pro-
moting inflamⁿ by debilitating the part & subduing
the heat of the part -

The Proximate Cause of In-
flamⁿ is difficultly assigned - Boerhaave entertained
an opinion that it was an obstruction of the blood
& it thereby became thicker, & getting into vessels
not destined to carry it thence the error loci

Cullen's opinion was, that there was a
spasm of the extreme vessels, & called this the
proximate cause of Inflamⁿ - But if it were
owing to a spasm of the extreme vessels, the blood
probably would not get into the vessels, giving
the general character of inflamⁿ viz tumefaction
redness &c

Mr Hunter considers inflamⁿ as
a disturbed state of the parts & requiring a new action
to be instituted to counteract that disturbance,

He says the vessels are dilated, & if he had said
that they at the same time were diminished in action

He would have anticipated my opinion -

There are two opinions on this subject one that there is an increased action, the other that the vessels are dilated & the action diminished. When we reflect upon the anatomy of the heart, & consider that the vessels of the human body are hollow muscles, I must be admitted that when the red globules are admitted into vessels not destined to carry them, the vessels become stimulated, & sometimes carry off these red globules. But if a few moments elapse & they are not propelled, the vigour of the vessels is lost, they become distended, their muscularity impaired, & hence inflammation is induced. at the same time the vessels about the part are excited, to keep up the distension -

This is illustrated by a frequent example viz over distension of the bladder & the consequence is that the water passes with difficulty, because the over distension destroys its power of contracting.

The same may be said of the stomach, which is a hollow muscle, when over distended, its functions are impaired, inducing a train of digestive symptoms.

a case is related by Dr. Mott of a lady in this city ⁴⁹ whom he attended, affected with Tympany biliosa when recourse was had to antispasmodics &c. until the disease, ^{attacked} ~~appeared~~ the Transverse arch of the colon more particularly, producing a swelling across the abdomen as large as a man's arm, when on a sudden the wind rushed out & she recovered.

Lecture Nov 30th 1825 Dr. Mott —

Treatment of Inflamm. If the opinion be correct, that inflammation consists in a distended state of the vessels, the natural conclusion is that the treatment consists in taking off that distention —

The first thing which should engage the attention is, to remove the remote & exciting causes, which delay the cure of the inflamⁿ & thus removing the distension

It is to be expected by three different methods the first grand mean is bleeding, this takes off the current of blood generally, in some cases of inflamⁿ it is necessary to bleed freely, e.g. in inflamⁿ of the eyes, in others

cases, circumspection is very necessary with regard to bleeding, e.g. inflammation of the abdominal viscera -

Perhaps there is no condition of the system that will bear profuse bleeding, than that accompanied with a hard pulse, together with the white crust which the blood assumes.

Practitioners differ as to the manner of drawing blood, some in a large stream & very suddenly, others from a small orifice in a small stream, I am decidedly of the opinion that drawing blood ^{in large quantity} suddenly has the best effect.

There is only one objection to this manner viz. that the patient sinks under it & syncope succeeds but it makes the desired impression on the system.

Bleeding is attended with the best effects when it is performed near the part inflamed - as for instance in affections of the head it is preferable to bleed from the temporal artery - ^{artery} taken too high up, so as it may be more easily compressed, being situated near the bone

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Local Bleeding is likewise necessary, as with Leeches
by Cupping, scarifications, these are to be employed
according to circumstances, after a leech is applied
falls off, you can generally take away as much
blood as you choose by fomenting the part with
flannels wrung out of warm water, & they will even
bleed so profusely often as to give anxiety on the part
of the patient, & also to the practitioner - it may
generally be stopped however.

Under many circumstances scarifica-
tion may be employed with great advantage, as on
the eyelids, Scrotum &c. - But you are never to
make use of scarification on the eyelids when the
inflammⁿ is at its highest stage, because it will
only increase it —

Purging is the
removing inflammⁿ it takes off the irritation,
it diminishes the action of the system, & sometimes
the strength is diminished - Salts are frequently given
in the dose of ʒi. If you give salts, I would recommend
to give a little Tart^r antimon^y with, as for instance
take ʒi of Sulphur Magreⁿ 1ʒ Tart^r antimon^y

It dissolves in 38 of the infusion of Rose leaves. &
to this a few drops of Elix. vit, —

But this is not sufficient to produce
a powerful impression upon the system — I am
of opinion that Rhubarb & Magnesia is better —

The best purgative is Cal & Sal —

Johnson's practice was to give a dose of Cal at
bed time, & ~~then~~ the morning a dose of Salts —

If Calomel does not agree with the patient
& he is averse to taking it, you may give him
℞ Cal & ℞p. Peps. Tart. Stib — another remedy
which I use for Children is the Croton oil,
mixed it with mucilage of gum arabic. & giving
it in doses of $\frac{1}{4}$ or $\frac{1}{2}$ drop at a time —

Another mean of removing inflammation is by Respira-
tion. It is common & we are desirous to have
recourse to this immediately after bleeding, purging
&c.

Lecture Dec 1st 1825 Dr. Moore — 53

Whenever the skin is acted upon by perspiration, the action of the Heart & Arteries is diminished, the external vessels are also relaxed, when this is brought about it will prove a powerful auxiliary towards removing inflammation. for this use Tart. antimony. The Pulvis antimonialis is likewise a most certain of producing an effect on the Tart. antimony. It is best plan to give it in solution, as you may better command the quantity. Whatever lowers the action of the Heart & Arteries is production of good effects & this the Tart. antimony does by its nauseating effect - and if you have none, nor any proper vegetable substances, you may use Tobacco in small quantities, either in Solution, Powder or decoction, & it will produce the same nauseating effect.

When perspiration is brought on, it may easily be kept up, by diluent drinks, make use of an infusion of any the warm vegetable substances, beware of using those of a stimulating nature - Catnip & Mint tea are very good.

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If there be great pain & irritation, accompanied with inflamⁿ, after bleeding & purging, you may with great propriety use Dover's Powder - the only objection to this is the opium which it contains, but in pure inflamⁿ, unattended with pain it does injury - you may use bottles of warm water, applied to the arm pit, sole of the feet & sides of the body -

With regard to the use of opium, most Surgeons entertain an idea that it is pernicious in inflamⁿ, but there are cases, where it may be used with great propriety, & prove a valuable remedy - Dr. Mott relates the case of a Lady attacked with Pleuritis, accompanied with violent pain, after bleeding, purging & applying a blister. he gave opium in large doses, & with great success.

After performing an operation, as amputation, If the patient shall complain of severe pains, & is of a full habit, did not lose much blood during the operation, ^{after bleeding} & give opium in large quantities, -

After any considerable operation 80 drops of Laud
is a proper dose

Local Means for treating inflamⁿ

Cold, when properly applied, is an important remedy
by subduing the heat of the part

If cold be applied irregularly or for too long
a time, it will augment the inflamⁿ

The common cold application is Lead water
but it is better to put little alcohol with it, or
you may put it into a bladder & apply to the part

Another excellent application is Apts Munday,
it is useful as a Collyrium, & it may be applied
to any inflamed part

Blisters also come in as important
& are particularly beneficial if the inflamⁿ be
near the surface, as in furuncles, they act by the
evacuation of the serum

When inflamⁿ is deep seated,
as about the joints, you may use Turb. antem, untinted
or you may use it in solution, by washing the part,
I have used it in this way, with great success

In case of Lock jaw, the object is to produce an eruption on the skin.

If you use the ointment. Take from $\text{Zij} - \text{Ziij}$ of Tart^r antimonⁱ & Zi Lard & rub the part morning & evening, in two days the state of the skin will appear, which you desire.

Plaisters are also beneficial in deep seated inflammation among the best is the Gum ammoniac with a little mercurial ointment, you may use those that are less stimulating as Soap plaister.

The instance in an enlarged testicle, by applying a Soap plaister since this is a suppurating Abscess will be attended with beneficial effects. Upon the same principle you may apply a piece of wetted silk over an enlarged joint.

Poultices are essentially useful in relaxing inflammation by diminishing the distention of the vessels & evacuating the lymph of the blood. Some entertain an opinion that poultices tend to forward suppuration this is incorrect, for in pure inflammation they will relieve it, but if the process of suppuration has commenced poultices then will increase it.

In chronic inflamⁿ where the acute stage has passed by, there is a medicine to be used internally of great service. There is an inflammation of the eyes of infants, which will resist all the antiphlogistics remedies that can be devised, but may be cured by the use of Mercurius in proportion to the age of the child either in Solution with Sweet, Baste or Alcohol, it acts upon the bowels & thus violently draws it from the eyes.

In making poultices use Linseed meal or bread & milk. Let the infusion of the different Herbs be mixed with it, they are useful from their relaxing effects. Stale bread with a little oil makes the best poultice.

Position has an influence in relieving inflammation. If a person has a phlegm on his finger he will naturally carry his hand in a sling, for he carries it by the side of his body it would be attended with great pain - in every case of inflammation therefore give all the advantages of position.

Bandages are also ^{to} be particularly attended to —

Lecture Dec 2^d 1825 F^r Mott

Adhesion inflammation. The benefits resulting from union by adhesion are not only remarkable in the operation of amputation, but in several other cases & if this did not take place, the inflameⁿ would extend much farther, a certain degree of inflameⁿ is necessary for adhesion, take for example the operation of Paracelsus of the part did not unite by adhesion, it would be attended with dangerous consequences, by extending to the Peritonaeum. In a common abscess there is great advantage in adhesion, for it will limit the extent of the abscess, by encouraging the constitution (of solidified) so as to give vigour to the part, that it may adhere. Another remarkable advantage of parts uniting by adhesion is exemplified in the division of intestines, for if they did not adhere it would be attended with awful consequences.

Here I would remark with regard to tying arteries that there is no necessity of drawing the Ligature as firmly & tightly as some are in the habit of doing.

On Ligatures

The Haemorrhage from the largest vessels of the body may sometimes be stopped, by pressure & styptic application, as was the case where the thigh was amputated, & the femoral artery compressed in this way.

A variety of ligatures have been in use: viz -
Ligatures made of the raw silk, which are very good.
The Common flax & thread ligatures are also used with success - another kind is that made of Buck skin called the animal ligature. The Catgut ligature.

The common silk of the shops is the kind of ligatures which I use altogether, let it be twisted & doubled. I was to a little, the advantage of using them is that they may not yield when tying the knot.

More lately a method has been recommended with regard to ligatures, that is to take a very small delicate ligature of silk, & after tying the artery, cut off both ends of the ligature, this practice is not to be recommended, because I have tried it & did not succeed as well, as to cut one end of the ligature off, & let the other, be without the wound, & by gently drawing upon it from time to time, it will come away, & the part heal up.

Lecture Dec 3 1825 Dr. Matt -

Adhesion inflammⁿ. How long a time is required for adhesion? The shortest time that we have any knowledge of is 164 19 hours, we see it taking sooner in some parts than others, as in a laceration of the intestines, this generally proves fatal -

The appearance, which a part exhibits in a state of adhesion after cutting into it, is a gelatinous substance & upon it elongations of vessels -

Suppurative inflammⁿ. Suppuration is a term implying that the vessels take on a peculiar action, which pour out a fluid called pus. In all those surfaces of the body called unions, we expect to see this taking place.

Characters evidencing a state of suppuration are, a prickling sensation, an emersion of the part, domination or remission of pain & redness. Fluctuation this is to be learnt from experience -

There is a concurring circumstance which will generally determine whether these matters formed or not viz an oedematous state of the part, leaving an indentation, when pressed upon by the finger -

There may be still sometimes, if they recur, it is a pretty sure sign that matter is formed.

In some parts of the body, the matter discharged is very foetid as ulcers about the nates, as likewise the female organs, Labia &c.

There are exceptions, as to matter forming on all mucous surfaces, as the Bronchia, Trachea, Parynx on these surfaces, an adhesive materials are thrown out.

Much has been said with regard to the evidences of pus, I am inclined to think that there is no difficulty in discriminating between pus & mucus - Pus is heavier than mucus, as it will sink in water, it has a sweetish & sometimes a saltish taste, it has a peculiar smell, as in Gonorrhoea.

Suppuration is useful in the human body. It serves two important purposes, first for the removal of extraneous bodies, & sometimes it is necessary to institute suppuration for this purpose, another important purpose is to defend the surface of granulation, In a healthy ulcer, nature institutes

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a seal for the defence of the sore, & the seal
should not be removed.

Matter differs in appearance, being
thick, white, yellow, brown or bloody, it is not
originally so, but takes a lumped appearance.

When a person has been long subject to a
discharge from the part, by seton, dressing &c —
it is never safe to heal it suddenly, as there may
be a determination to some other part.

Matter will sometimes form very soon, the
shortest period is that of 5 hrs.

Lecture Dec. 5th 1825 For Mr. M. -

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There is a form of matter, when applied to any part of the body, under any circumstances, will not produce any effect, but is perfectly innocent, as in a Vesicatory. However, there is another kind, when applied to parts, will produce a specific effect, as that of Small pox &c -

An Abscess is a collection of matter in any part of the body, which is circumscribed by a hard margin, in consequence of adhesive inflammation.

Abscesses are dangerous in proportion to their size, also to their situation, as in the lungs, Trachea, &c, a very interesting case sometimes occurs as when situated in the prostate gland, this causes a retention of urine -

Every abscess when opened, has a shaggy appearance, from which there are a great number of points arising & from these points, arise absorbents - they often make their way to the surface very circuitously, travelling for some distance, before they appear -

24 Treatment. Poultices of the emollient or stimulating kinds, If there be matter, these will hasten its formation, & if not, they will tend to remove the abscess -

When matter is formed it is a question whether to open it immediately or not - you are not prematurely to open an abscess - But you are to open an abscess, when if left - it would necessarily injury contiguous & important parts - When under a focal expansion it is necessary to open it rather prematurely -

The manner of opening depends upon the nature of it - If you have a large abscess & open it by a large incision, so as to evacuate the matter suddenly, you will bring on an inflammation by a rush of blood to the part

When you are desirous of preventing any accumulation of matter, & wish to keep the surface open introduce a piece of catheter or a piece of quill -

When large abscesses are opened, hectic fever is sometimes the consequence, this peculiar state of the constitution arises from the abscess being situated in certain parts of the body. The general opinion with regard to Hectic fever is that it arises from the absorption of matter, another & opposite opinion has arisen, — If it was owing to absorption, we should expect to see it follow where there is the greatest quantity of matter formed, but this is not always the case, it is often produced from a small abscess in the lungs, where it is not owing to absorption, but arising from irritation.

When it succeeds the opening of large abscesses — an inflammation extends from the part, & consequently an effort of the constitution which is Hectic fever.

Some say, that when an abscess is opened, the admission of air to it is prejudicial, but I believe this to be an error —

Air has been thrown into the abdomen of a dog, when it was absorbed, the dangerous consequences ensued. —

66 Ulceration, is a process by which the parts are thrown into a state favourable to their removal.

There are two great causes of Ulceration, Inflamⁿ & Pressure, when one only exists, it will be more tardy, where both exist, it will be rapid —

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Lecture Dec 6th 1825 Dr Mott

Granulation or Healing by second intention —

Whenever a part does not unite by adhesive process, it will often unite by granulation, which is by second intention — After an abscess is opened, around the sides & edges will be observed small granulations arising — These small granules are very vascular & organised, & appear in small numbers at first, but arise cop. after cop. until they reach the surface of the body — When this granulating process is going on, you may avail yourselves of the opportunity of uniting it by the first intention, by bringing them together — Hence the great advantage of adhesive plaisters — oblong & longitudinal ulcers will heal more readily than circular ones —

you are as much as possible to favour the process of cicatrization, which is a granulating process of the skin. In order to heal an ulcer when granulating, apply lint upon the surface of the ulcer, let it come within the cicatrizing edge — lay a compress over this, then apply a moderately tight bandage —

Parts which will be reproduced —

Bones & cellular Membranes will be reproduced
 & also Nerves, a case is related by H. Smith
 where the Sciatic nerve was divided & regenerated.

Tendons will be reproduced. Artery & vein
 will not be reproduced, for if an artery is
 divided, it is then completely obliterated —
 with regard to Symphalies, the general presump-
 tion is that they are not regenerated —

Cartilages will not be reproduced, tho' some-
 times takes their place — the Pete mucosum
 will be regenerated —

Treatment of Ulcers, an ulcer has
 a secretory & absorbing surface, there is always
 a secretion of matter in a healthy ulcer — When
 the granulations are luxuriant & show a dispo-
 sition to increase, in order that cicatrization
 may be produced, we may keep them down
 by a piece of sheet lead of a little less size than
 the ulcer — once a day is often enough to dress
 an ulcer —

Sometimes instead of healthy granulations
an ulcer will present itself an inch below the
surface of the body of a shining & glossy appear-
ance, showing no disposition to granulate - To the
surface of this applications are necessary -

At first for a day or two you must use Poultices
to the part, this will invite more blood to
the surface, take off that hardness, & render it
more favorable for granulation. Then apply
stimulating applications as yellow wash, wetting
a little lint with it & fellows up the sore, if
applied in the morning, you may in the evening
wet the lint again, & apply a piece of oiled silk
this will keep the parts moist & soft & favour
the easy removal of dressings - Another wash
is the Sulphur Super gring to 3: water -

In the course of a few days the ulcer will
become fl. red & new granulations arise. then it is
in a condition to be treated as a simple ulcer

20 There is another kind of ulcer called the
fungous, which does not readily heal, which
generally bleeds, & is the consequence of some
extraneous body getting into the flesh -

There is an affection of the fingers & toes
which exhibit this sort of ulcer - sometimes
^{sprouting} ~~growing~~ out from the root of the toe, or at other
from the nail growing in the flesh & a fungus
shooting out from the side of the toe -
It becomes necessary to extract the nail of the
toe -

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After extracting the toe nail, bring on suppuration, by applying a poultice, sometimes it is necessary to give in opiate —

Ulcers present sometimes a sloughing appearance, a dark coloured surface, and a foetid smell, these generally occur in Hospital —

Whenever an ulcer has such an appearance apply a yeast poultice, from its stimulating action it will clean the ulcer, make it of bread, then add yeast — Sometimes a table spoonful or two is enough to mix with the farinaceous substances, putting yeast on the surface of the poultice —

Ulcers frequently put on this sloughing nature, under a vitiated state of constitution it becomes us to look to the general habit & treat as condition requires — Correct the system by Nitric acid 50 drops to a pint of water, or 3i to quart of water, wet lint with this, apply to the part & over this a compress, removing it 3 or 4 times a day, by this means the ulcer will become cleansed —

The Carrot poultice is a good application, if
painful when used raw, you must boil it -
or you may take the expressed juice of Carrots
mix it with Bark, Charcoal, yeast &
other farinaceous substances -

Spt^d Turpentine is a good application
in sloughing ulcers, in order to produce an
impression upon the sound parts & prevent
the progress of Sphacelation. Hence the utility
of blisters to the living part, in order to arrest
the progress of Sphacelation -

Callous Ulcer. Having an extreme hardness
& no disposition to heal. Cuticle very hard &
thick. Treatment, your attention must first be directed
to the hard edges, in order to alter the condition
of that callously, by applying poultices or some form
plasters or blisters around it to promote absorption
and thus thin the edges, but a more efficacious
treatment is by an incision with the lancet, making
little notches, inducing inflⁿ & thereby favouring the
process of granulation - In obstinate cases I have
had recourse to Mercury -

There is a peculiar ulceration, appearing in the bottom of the foot, or ball of the great toe, remarkably hard, & generally circular & very deep, I call it the circumscribed ulcer of the foot, it comes on without any known cause, there is an exudation from it of a fluid substance, extending to the tendons, and eventually to the bones - I have cured it by the acetate of copper, filling the ulcer with it.

Fistulous Ulcer is when there is a canal or sinus extending, into the part, very difficult to be managed, when it extends under parts difficult to be cut. The best Treatment is incision, when it can be practised, If the fistula is deep I cannot be cut, the best treatment, by stimulating the part bring on inflammation & thus a granulatory process.

This is effected by injections of Sulphur Cupri beginning with 5 gr to ʒi water, increasing it to ʒi. If injections do not succeed use Setons - Caustic Bougies may be used passing them through the sinus.

74 Ulcers sometimes occur in the extremities
of females, who have borne children on the Vena
Saphena, this cutaneous ulceration is best treated
by yellow wash, once a day, soiled silk, &
compress. Ulcers also occur upon females
who have not menstruated, assuming a violent
appearance, your practice must here be guided
by reference to the state of menstruation, Gen
Tonics &c

Another kind of ulcer is that which
menstruates or bleeds periodically, of a healthy
appearance, but obstinate to heal, generally
referable to some state of the constitution
which must be counteracted, according to
circumstances —

Contagious ulcer, occurs in
putrid vitiated air, it will spread with great
fury, for a description of it see Theilken's military
surgery — Those affected should be immediately
removed — Give an emetic, followed by cathartics
Antisepsis, Antiseptics &c —

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The Contagious ulcer is rarely seen in the walks of private life, one peculiar character about it is that it assumes a circular form, particularly in its commencement. it is called the Hospital ulcer, or *Sphagedena gangrenosa*. It is very prominent, hard ragged edges, with a cup like cavity —

Treatment. Emetics, antiseptic poultices yeast or Porter, Nutric acid, lastly actual Caustery

An ulcer sometimes occurs, with its edges livid, skin hanging over the edges, & no disposition to heal, this occurs for the most part in Scrophulous constitutions.

Treat. Caustic applications, Nitrate of

Silver 3i. rain water 3i. with this solution, pencil the edges & drop the bottom of the ulcer with Black wash, put over the whole a piece of oiled silk Repeat it once a day - If the bottom does not readily heal, you may pencil that also with the Cantharide Oil, then the Black wash & oiled Silk,

76 Ulcers, are sometimes quite insensible, at other times remarkably painful, so that the application of the most emollient ointment will produce acute pain, in such cases take Zijij Black wash to 3i Laud —

Ulcers occurring on the calf of the leg are apt to become unhealthy & foul, between the Tendo Achillis & the haw, owing to the action of the Gastrocnemius muscle. When ulcer happens on the lower extremities, the patient should be kept in a recumbent posture, or if he sits up, the leg must be supported either on a chair or some other way — Sometimes they are remarkably obstinate which cannot be accounted for from the appearance of the sore, frequently they are as large as the palm of the hand, presenting isolated portions of the integuments, this is an ulcer of a specific sort, you may rest assured that it is generally a venereal Sore —

Treat, Whenever this obstacle exists you must have recourse of mercury, as the muric of mercury, together with the decoction of the woods. If the system is debilitated, you must use

the blue pill or Plummer's pill —

77

Conium maculatum is sometimes a remedy in ulcers, particularly that irritable condition of ulcers, connected with Serapula. you may take the extract & anointing it with Lard making an ointment, but you must be careful how you apply strong ointments of this nature to extensive ulceration, particularly in children —

Arsenic. may be used in some cases with advantage. In a peculiar kind of ulcer called the fungoid I have used it with success a great deal of care is necessary in using this, sometimes it occasions Paralysis. I have known it to occasion a most dreadful diarrhoea — 3i to 3i Lard is sufficiently strong —

There is an affection appearing upon the face of children & even adults, commencing with a red pimple, this may be taken hold of with the forceps & cut out, or you may touch it with the oxide of arsenic, which will destroy it —

There is another ulcer occurring in the nose called, *Noli me tangere*, it comes on in the form of pimples, destroying the integument - In its incipient stage it may be cured by the application of the caustic solution. When ulceration takes place, the cartilages are eroded. Sometimes the bone destroyed. In this stage I have used arsenic internally. Local application Phos, Iron or Carb Iron in Powder -

Lecture Dec 9th 1825 J. C. W. -

Ulceration of the lower extremities connected with enlargements of the Vena Saphena

It has been a practice to take up the trunk of this vein, & this has been considered as safe & efficacious, the question arises whether it will really benefit the patient - I have known it to prove fatal & I have known it to prove a cure -

The practice of E. Home was to lay bare the vein, pass the ligature & leave it to come away the consequence of this in many cases was crippling inflammation. Another & more modern practice is to divide the vein by a curved instrument, & by sewing together the sides of the vein, by applying bandages immediately. These operations will only relieve & not cure the disease, of the patient will be obliged ever after to wear bandage -

My opinion is that the veins should be tied nearer the heart & that the branches & not the trunk of the vein should be tied -

Mortification, being the most disastrous consequence of inflamⁿ. It becomes us to pay particular regard to it. It is the local death of any part of the body generally resulting from erysipelatous inflamⁿ. When a part is mortified it loses its warmth & sensibility, its colour is changed to a darkish brown, & vesication appears on the surface.

If any doubt exists as to mortified parts, break one of the vesicles & apply your finger, if mortified it will feel cold & cause no pain upon pressure.

When the colour is changed, & warmth & sensibility ^{is not} destroyed is it called Gangrene, when these are destroyed it is called Sphacelus -

Heccus is a frequent attendant upon Mortification -

You are not always to infer from vesications that mortification exists, In cases of sprains dislocations & fractures we frequently meet with vesications arising from inflamⁿ & effusion, which by applying lotions & adhering to antiphlogistic treatment soon disappears.

Mortification arises from various causes - 81

Alterations of temperature, when exposed to cold & immediately afterwards to a great degree of heat, which the part is unable to sustain, the vitality of the part is subverted -

The Chilblain is an instance of this resulting from the alternation of temperature -

An obstruction to the return of venous blood is another cause of mortification, as exemplified in chernia, the structure prevents its return, the veins become gorged, & mortification ensues -

An interruption to the circulation of the arteries is another cause, when a large artery going to a limb is tied & circulation does not go on the part dies - In very old persons the insensate circulation is less complete, & it may take place when an artery is not tied, but merely by pressure thus, interrupting the circulation -

Great General debility is another cause of mortification, In this way we may often account for its occurring on the extremities not referable to any external cause, it may arise from ossification of the vessels - Incidental circumstances, will aggravate this general debility as want of cleanliness, pure air &c.

Mortification sometimes happen from violent blows, when the part is severely bruised the vital principle is almost destroyed, & in place succeding, wholly extinguishes it -

When a part mortifies, if there be the vigour of constitution, the dead part is separated from the living. When it ceases to spread the first evidence is an elevation of the cuticle immediately between the dead & living part, then a depression of the cuticle, by a new action being instituted, the flume thrown out & the absorbents removing it, hence the line of demarkation first the cuticle separates, then the muscles, down to the bone

In amputating a limb near the sphacelation
little or no haemorrhage will take place the arte-
ries being plugged up

Necrosis is divided into
Spontaneous & Traumatic -

Treatment differs accor-
ding to the causes producing it, when arising from
external injuries, antiphlogistic treatment, by deple-
tion &c ~

Second Indication, Sore, & Stimulus,
among these none is better than Cinchona ~

11) Lecture 10 - 10th - 1825 Dr Mott's
Opium & Morphia. When arising from
a traumatic cause, the system is debilitated &
the phlogistic is either completely subdued,
Bark is an excellent remedy. It should
be administered in solution, when the stomach
can bear it, the Pale Liqueur is the best kind
being more agreeable to the stomach, & if any
phlogistic will be still more efficacious & grateful
if the stomach rejects it, join it with some
syrup, making a confection.

The water form of administering it
is as follows, mix a gallon of flour & water into
a paste, then form the wafer by putting the paste
between two pieces, then take wafer putting in
a glass of wine & the bark around it, & let the
patient swallow it.

The decoction of bark is recommended
by some, but I believe the infusion to be better
by pouring hot water upon the bark.
Sometimes Bark purges, give some of it
permanently.

At other times it produces costiveness
in such cases add little Rhubarb to it.

Quinine is a valuable medicine, but rendered more so by adding diluted sulphuric acid to the Sulphate making Sulphate of Quinine -

Take 16 grs Sulph Quinine 3ij Elong t, 8oz water - put the elox out with the Quinine, by shaking it, it will soon dissolve, then add the water. Give a table spoonful every hour or two -

When it is important to invigorate the constitution after the use of barks, give food of a nutritious kind & stimulating drinks, as Porter, &c. &c.

Another Indication is to remove all sources of irritation, but often becomes necessary to give opium in large doses, when opium is disagreeable to the stomach, mingle camphor with it -

Black drop is a good remedy, give it dose of 20 drops, which is equal to 10 drops of Laudanum.

Local Treat. If mortification arises from external injury, unconnected with any constitutional affection, pay the greatest attention to the circumference of the living part - Superficially & detached poultices applied over the dead flannel, &c. -

"When inflammation is subdued, make use of yeast poultices -

After arresting the progress of mortification the attention of surgeons has been directed to blisters, they use emmenthe vesicae or erysipela-
tous inflammation. They may be applied to the
part subject to mortification of the toe -

Lecture Decr 12th 1825 F. Mott -
During blisters, other topical applications
are to be used as poultices, they may be applied
over blisters, & cases of erysipelatus inflam-
mation in the leg & foot, progress upwards
it may often be arrested by the application of
a narrow blister paper around the body -

At what period of time is amputation to
be performed in cases of mortification? In order
to answer this question the division of the causes
of mortification into Spontaneous & Traumatic
is always to be kept in view -

If mortification stops, you are not always
to amputate immediately. If the system is debilitated
as a collapse is induced by the loss of blood, which
may never be regained, but it is necessary to conser-
vate the constitution first.

When the constitution is affected
amputation is not to be performed until the
mortification ceases, but arising from an external
cause, & the system unaffected, you may amputate
immediately.

Dunster says, ~~that~~ amputa-
tion should never be performed until mortifi-
cation ceases, but Dr. Ross does not agree with
this opinion in all cases, (See Guthrie, & Hewson)

Legum Dec 12th 1848. Spontaneous
 Spontaneous Mottification. This is of rare
 occurrence. The mottification of the toe described
 by Boerhaave of the same. It is unconnected
 with any peculiar smaten of constitution,
 appears generally in one of the small toes
 patient complains of pain through the foot.
 soon swelling takes place, inflamed on the top
 of the foot & pericarditis, continuing for 2 or 3 weeks
 more durable than Phlegmon, & unlike the latter
 a blue spot will be observed on one of the
 toes, entirely little elevated. Skin under it
 of a livid colour. & the mottification progresses
 very slowly. It occurs generally in advanced
 life. In two instances where I have seen it,
 both were corpulent persons. of advanced age
 & has lived freely through life —

It has been ascribed by some, as
 arising from an ossification of the collateral
 arteries, this is Boerhaave's opinion, & others have
 ascribed it to the extreme debility of the
 vessels —

This mortification of the toe, generally proved fatal, goes on uncontrolled, spreading up the limb, & finally affecting the constitution,

The great remedy was opium, the black drop is preferable - Some & others of the Anodynes - excellent & yeast port wine - Rhubarb - Bark & some to an internally constitute the remedies to be used in this disease -

It will sometimes prove fatal in ~~one~~ weeks, in other instances it will continue for 2 or 3 years -

An important question here arises whether amputation should be resorted to - I know of but one case, where this operation was performed, while the mortification was going on & this was successful -

There is another form of mortification arising, undoubtedly from the use of ergot, which is a marked growth of rye or wheat. This has attracted the attention of practitioners, & late as having a specific action upon the uterus -

11. The same treatment for animals, proving
the specific action of cyst, as it would the
death of the animals.

What generally necessary for proving
such effects upon the human system is not
nearly known.

In the year 1859, 10, 11, 12, 13, there
was a peculiar disease in the House of
this city, attributable to no particular cause,
but it was due to the opium that it probably
was occasioned by opium being in the blood when
they eat. It was characterized by Neurosis
of the tender part, it commenced with a tremor
of the hands, the face became convulsed,
lips & cheeks partaking of the disease, & the
mortification extending down to the clavicle.

Various kinds of treatment were pursued -
Tonic & Antiseptic were of no avail - The
debilitated state of nature, and with salicyl,
succumbed better than any I have seen, unless it
was the extraction of the incisor, which was of
more benefit in

Lecture Dec 14th 1825 J. M. + 11

Cerebrals are of 3 sorts viz. Common, Reticulated
& Cerebral - Cerebrals derive it name from the
peculiar bigness sensation, which attends it. It
most commonly occurs in solid habits, on the
back for the most part, tho' sometimes on the
Head, neck, & extremities. When on the back it is
less dangerous than on other parts, generally fatal
on the head & neck, by producing an affection of
the membranes of the brain. It first appears in
form of small pimples, with a vesicle on breaking,
which a serous fluid is discharged, leaving a small
pit or depression. In progressing round this, small bubbles
of air are perceived. It is essentially a mortification
of the cerebral substance, very soon there are many
holes formed, giving the honey comb appearance,
the inflammation of the respiratory kind. I never
saw a case attended with phlegmonous inflammation
or that appearance of supuration.

2. Treatment of Carbuncle. In the early stage before much disorder of the part, the application of a small blister is peculiarly calculated to arrest it. If this stage has passed by, an application of yeast poultice with bark as before said. I have found benefit from the application of aqua ammonia, previous to the poultice, or aqua ammonia, & Camphorated oil - this followed by the poultice should be renewed every 2 or 3 hrs, never allowing the poultice to become dry. Should this treatment alone be depended upon, or shall we make a free incision? In large carbuncles, I have made the incision $8-10$ lines in length, afterwards filling the wound with turpentine & dressing with an emollient poultice - Either practice may be adopted.

The first evidence of its doing well is the escape of the sanguine discharge into healthy part, & in proportion to the quantity of pus secreted, which in morbid part be removed & healthy granulations arise. Cutting off large portions of the cutaneous membrane -

Dr. M. relates a case of carbuncle, when the patient had laboured under cancer for some time, on healing of the ulcer, he became sane. Hence the utility of sutors & spurs in dermian operations -

The Carbuncle has carbuncle is always symptomatic of malignant disorder of circulation of Hagen &c (See Ruyal on plague) -

The Erysipelas occurs in animals & is communicated by contact to the human species -

Injuries of the Head -

They are divided into 1st Those where the integuments only are concerned, 2^d Where the skull & brain are also affected - The Head is an organ subject to a variety of affections from external violence, & injuries of the scalp are more serious than in other parts of the body - It is an unconservative part, never to remove any portion of the scalp for any cause, however, much lacerated it may be -

Wounds of the scalp never require sutures, owing to the extreme vascularity, & the

Brain takes place, bring together the parts & support them in apposition by means of straps & suture material -

The scalp is liable to four particular injuries, & it is well to keep in mind the anatomy of the parts, 1st skin of the scalp 2^d the cellular membrane filled with adipose substance. Underneath this the tendinous expansion of the occipital frontalis muscle & lastly the pericranium -

The first operation arises most commonly from a small puncture, inducing an extensive suppurative inflammation of the whole cellular membrane. It may occur from lacerated or incised wounds, or as a secondary affection, indication of inflammation in the brain, Treatment, immediate & active topical, & antiphlogistic treat, generally - at the same time cover the whole head with yeast poultices frequently renewed, that it may be kept moist, this is generally sufficient, It requires no dressing -

2^d Kind. Is a puffy tumor, coming on several
weeks after the injury & is generally marked
by increased heat in the brain, extreme restlessness, flushed
face &c. It discharges a thin watery fluid & there
is an oedematous feel. It is always an indication
of inflamⁿ in the brain.

Lecture Decr 15th 1835 - Dr. Mott -

3^d Affection of the scalp can point with phlegm
and effluⁿ & that arising from wounds in the
scalp of the temporal & occipital muscles, &c. &c. &c.
One that suppurates which the last described by
the return from which the phlegm of inflammation
& the only relief which can be obtained is to the
source of the inflammation, before the eruption, and
that practice will be proper, in order to relieve
& soften the part -

4th Form of tumor, is denominated the
bloody, & arises from long wounds in the scalp -
sometimes it is of great size, often pulsating
it gives a sensation as if a part of the brain was
exposed, & is very painful. It is after treating the
patient antiseptically & using some remedy -

11
still remains excited, it may proper to
bleed it. If there are no symptoms and
no injury done to the brain, never put
it off to the putrefied spirit &
brain & body.

Symptoms indicating injury of
the brain. 1st Headache at stomach & vomiting
2nd Loss of sense & voluntary motion 3rd Bleeding
from nose & ears, accompanied perhaps with
a rolling of blood. If you wipe the blood from
the ear with a sponge, & still perceive it dischar-
ging from the meatus auditorius externus, you
may rest assured that there is a fracture
of the petrous portion of the temporal bone &
this is generally fatal.

The two injuries of the brain are
called Coma & Coma. by which
we are to understand, that there has been a
suspension of the brain suspending its
functions. this may be brought on by injuries
received on parts of the body besides the head
there is a suspension of power & voluntary motion
headache at stomach &c.

Some have resorted to amputations, but it belongs
this to be a perverting practice. The patient
lies in an easy state of respiration, the
pupil of the eye contracted at first, the
pulse natural & easy, perhaps little life being
some degree of extrication taken place in
compression, & here the symptoms will be more
or less mingled with those of compression
& hence there is some difficulty in discriminating
between compression & decompression - Suppose
for example, a person receives an injury of the
brain & falls down in a state of insensibility
& after a short time recovers, so as to walk
about, this would be called decompression, but if
after a short lapse of time, he should again
fall into a state of insensibility, stopping &c.
this would be called compression, arising
from extraneous causes -

From the imagined analogy
between the symptoms of compression of the brain
& of apoplexy, Stimulants have been resorted
to, this is a perverting practice -

98 I have seen instances, where the patient was bled immediately in the state of insensibility & did not recover -

The best mode of treatment is to leave the patient, in the first stage, until he recovers from that insensibility. then the exhalation of the heart & arteries takes place which increases still more in the 3^d stage when the patient becomes very sensible - Then bleeding is to be performed, to be regulated according to circumstances, there is no disease perhaps in general which will admit of more copious depletion than this & to save the patient from light, frage, thirst &c.

Lecture Dec^r 16th 1823 Fr. Motz

Blood purging, is to be employed in consequence of
the brain, with the view of producing a new circula-
tion, as well as to evacuate the contents of the
bowels, & producing large evacuation from the
arteries & capillaries, inducing a resolution from the
brain. One among the best of purgatives is Senna
Mag. & Tartaric Acid, another & better one is
Galap's Cal, 1873, or Galap & Sulf. Sars. Potash -
after this the head should be shaved & a large
applied over it - great benefit is derived from
blister applied to the lower extremities, but
in this case they should be applied to the feet
in case of the neck, it is to be kept on for
24 hrs. Watch the state of the pulse, for it
may be necessary to bleed frequently -

Hemiplegia resulting attests consumption of
 the brain. In order to prevent this, you must
 have recourse to repeated depletion, such as
 leeches, you are to deplete as far as the
 system will bear it & also by purges of cal
 mercury as a safeguard from the brain. —

The last, sometimes following a contusion of the brain & also sometimes remaining as a constant effect -

5th Line, where the injury was so considerable as to produce, causing that affection of the nervous system called Epilepsy - there it would be necessary to describe -

Three causes of Coma, 1st Excess of blood, 2d Depression of brain 3d Formation of matter. The patient with a compression of the brain lies immediately in a state of stupor, and attended with vomiting, eyes half closed, with the pupils dilated, breathing stertorous, heat & laboured - pulse irregular, slow & intermittent.

Coma, arising from extracerebral blood. When a person labours under an aneurysm, from the cause the symptoms do not immediately appear, 2d the largest expansions of blood are on the side of the head from the situation of the middle artery of the ^{dura mater} ~~brain~~, which may be ruptured, likewise on the outer surface of the dura mater,

If a person receives an injury of the Head accompanied with symptoms of fracture, but no signs of compression, the rule is to perforate the skull at the anterior lower edge of the parietal bone, if there be no extravasation here, perforate the other side, If the symptoms denote extravasation under the dura mater, you may open it, not by puncture, but by incision. Blood extravasated, will sometimes coagulate, & remain there, & the patient recover.

Symptoms of extravasated blood, are no bleeding from the pericranium, & upon striking the bone, it sounds as tho' it was hollow. Simple fracture requiring no operation, but demands the strictest antiphlogistic treatment.

Leconte Decr. 7th 119 I recd -

~~From your~~ Treat of simple Fracture. I shall
 tell practice was to make numerous perfora-
 tions along the line of fracture, for fear of infection.
 Here I think he errs for it would probably
 increase inflamⁿ by injuring the membranes of
 the brain, the best modern practitioners reprob-
 ate this practice. In no case therefore are
 you to apply a trussing, where there are no
 symptoms of compression, injuries received over
 the frontal sinuses, occasioning a depression
 of the external table, here apply a piece of
 gauze & extract it -

Under circumstances of
 fracture attended with depression, but no
 symptoms of compression, no words of integument &
 a question arises whether it is necessary to
 immediately elevate the depressed bone -
 as regards the practice there are a variety of
 opinions, My opinion is if the depression be
 slight, you may leave it, If it be considerable
 remove it immediately -

When there is a wound of the membranes of the brain, causing a discharge from the brain, you must take away all the loose portions of bone. A person may be relieved from compression of brain, after receiving an injury for some months - Dr M, relates the case of a person affected with compression of brain for one year, & was relieved -

3^d Cause of compression is the formation of matter. It forms within the skull at different & uncertain periods of time, after the injury - after 3 or 4 weeks the patient is generally safer - if matter is not then formed -

Previous to the formation of matter, there is an inflamⁿ of the brain - The patient is drowsy, eyes flamed - fever - restlessness, convulsions - pulse quick, tense & corded - rigors & sensation of heat & stiffness - loss of sense & voluntary motion

Matter is commonly seated in the dura mater, between it & the skull -

Perforate the skull at the situation of the tumor, If you find no matter there you are not to open at any other part of the skull, but may open the dura mater with the lancet - The greatest danger of opening the dura mater is the formation of a fungus, this in itself is not dangerous if properly treated. It protrudes from the opening sometimes as large as an egg - it is formed of blood & coagulable lymph. Some have thought it was a portion of the brain, this is an error, It sufficed to go on it may occasion Hemiplegia - Treat As soon as there is any evidence of its coming on, apply heat, then a compress, over this a bandage, the doubled headed roller, or share the head apply strips of adhesive plaster -

Certain parts of the Head are objected to
for the application of Trepan lines —

Avoid the line running from the root
of the nose, over the vertex, called the sagittal
suture, it is more adherent & here than in other
parts, & besides having situated immediately
under it the great Longitudinal Sinus —
avoid the part where the spinal artery runs,
the lower anterior angle of the parietal bone,
avoid the transverse ridges of the occip-
ital, where the lateral sinus is situated —

Altho, the sinus may be opened ^{twice} ~~at~~ ^{and} ~~not~~
prove fatal, if the haemorrhage be immediately
stopped —

In dividing the scalp for the application of the Trephine, the incision is to be made in the direction of the vessels, it is necessary, as we recommended to scrape off the pericranium, but apply the Trephine at once — The flap of the scalp must invariably be applied to a sound portion of head, frequently remove the instrument in order to find how near through to the bone, it does already pass, after bone is completely perforated with the Trephine, remove all the fragments, extraneous blood, & then dress it. Bring down the lips of the incision, & retain them by adhesive plaster — then apply white lint, and over a napkin cover the whole a night longer. After dressing in the patient is to be put to bed in a dark apartment, commonly vomiting takes place —

Treat. It may be necessary to bleed the next day after the operation, & each successive day for some time. I do not recommend purgatives, but I use Enemata for several days. If fever comes on, & the vomiting & sickness at stomach is worse, as you may give salts — If the patient lives for the space of 14 days, he is generally safe

But if you do not thing to the brain, which
will tend to excite, inflammation will be brought on
& thereby terminate in the death of the patient.
Leave the head untouched until the 14th day
when you may apply a puncture as often as the surface
so as they may be removed -

Lecture Dec^r 21 1825 Dr. Moles.

On Cataract.

Cataract, derives its name from a good word signifying to destroy. It is an opacity of the crystalline lens or of its capsule. When situated on the lens called the true Cataract when in the capsule the false Cataract - soft - plump. The patient first perceives notes floating before his eyes, this however does not invariably denote cataract, for it may arise from a preternatural determination of blood to the head, & it may eventually terminate in cataract. When he looks at an object, he will observe some permanent spot, afterwards it will appear to him as tho' he was looking through gauze, at this time no disorder can be perceived in the eye, soon after a clouding will appear.

The patient can see better at twilight or in cloudy weather than in sunshine, the pupil is dilated, & the iris contracted.

This contraction & dilatation are not the strongest indices of sensibility.

The best evidence is, when the patient can distinguish between light & darkness. Unless this be the case, you are not to operate -

Cataracts produced by external violence do not require an operation immediately, but when they have come on gradually for a long space of time, relief cannot be expected unless from an operation, no internal remedies will be of much benefit.

Cataracts are presented in different states viz 1st Hard - 2^d Soft or milky - 3rd partly solid & partly fluid. 4th Floating - 5th Dislocated, & sometimes a cataract will be bony -

It is important to distinguish between true & false cataract - As the lens is situated behind the iris, if an opaque spot is then perceived & is the true cataract, if false, it adheres to & fills up the pupil. If the patient can distinguish between light & darkness, has no alarm pain in the eye, is movable, it is then advisable to operate -

Lecture Dec^r 21st 1835 Dr. P. M.

The patient should be prepared for the operation of cataract, by ~~keeping~~ kept on a low diet - by abstraction, purgatives &c for a least two weeks previous, the eye should also be frequently touched with a probe, that it may be accustomed to the irritating - you are now to judge, whether it is best to extract or depress it - the rule which I observe is if the eye be prominent, & the anterior chamber large, it is fit for extraction, if this is not the case & the cataract is soft it is then to be touched - We are to examine whether the cataract be hard or soft, when young & white they are hard, & those of long standing are generally hard, of recent formation they are soft, when of this last form it is better to touch - It is called touching because the lens is removed from the axis of the eye & depressed into the posterior chamber of the eye -

Saunders needle, the one which I use for
 the same - The patient is to be placed before
 the light - The French Surgeons perform this
 operation by candle light, the reason for which is
 that the pupil may be dilated & contracted at
 pleasure - Previous to the operation you may
 apply the extract of some narcotic as *belladonna*
 to the eye. The Surgeon sits before the patient,
 with an assistant supports the head behind, & with
 his forefinger draws up the upper eyelid, the Surgeon
 now plunges the needle through the sclerotic
 & carries it forward beneath the lens, & across the
 capsule, & it he has the lens discoloured, if
 it be soft, scrape the lens for a time & withdraw
 the needle - Close the eye immediately, & do not
 open it for 8 or 10 days. Treat the patient
 antiphlogistically, by rest, blisters, purges, leeches & cupping
 in such operations - The operation may be
 repeated for several times -

113 I - the year 22nd, 1825 Dr. W. H. W. —

Operation for the extraction of Cataract —

Prepare the patient for the operation in a manner
appropriate to the case, for something. — An incision
is to be made in the corner, then let the
eyelid fall immediately, remaining for a short
time, then the upper eyelid is to be raised,
instrument to be passed up to the pupil & the
lens to be scissored, by making pressure on
the ball of the eye, & the lens to be conducted
only with the instrument. — The condition of the
iris is now to be attended to, if it has fallen
down between the lips of the incision, this to
be pushed back. The patient must now close
his eyes, & any compress applied over the eye — to
be put to bed, with his head a little elevated.
If great pain comes on, with great irritability
eyes must be attended to — direct the patient
most strictly, with the view of preventing
inflammation by the use of fomentations &c. — His hands
should be secured, lest he should raise them
to his eyes, & scratching them through the bandage
them —

In 24 hrs. the eye will sometimes be free
& clear, the aqueous humor being regenerated.

When looking at the eye, by holding, giving
a small degree of light with a light, there
sometimes will be seen a small tumor, called
prolapsed Iris. Take an instrument & endeavor
to push it back to its place, if this does
not succeed, make use of some gentle Escharotic
the effect of this stimulus will cause the iris
to retract. The opacity of the capsule of the
lens is most generally anterior if this be the
case, introduce a pair of forceps & draw it away -
if posterior, some advise to leave it, others to
lacerate it. I would lacerate it, as a small
discharge of the vitreous humor is of no great
consequence, with regard to vision being disturbed.

3^d Operation termed the Capsular Operation of
Sawdars, suited to the eye of infants. It con-
sists in first dilating the pupil with some of
the Astringents as Stramonium 1 or 2 hrs previous to the
operation, then the patient is laid upon a table,
the eye confined, by a silver wire passed under the
upper eyelid securing the Ball of the eye.

121. Then the surgeon takes a very delicate needle
introduces it through the cornea & through the
pupil, then a little rotatory motion lacerates
it, & leaves it to be resorbed. This operation is
generally successful in children, very little
inflammation attends it, but may of necessity be repeated.
4th Another method of operating is by a curved needle
introduced through the cornea & lacerating
the capsule - another method of operating
is by passing the needle behind the ciliary liga-
ment, to the top of the lens & depressing it
down in the vitreous humor -

The lower conjunctiva sometimes is made use of -
through the slit for the purpose of admitting light to
the bottom of the eye, constituting an artificial pupil.
The principal intention was to pass the needle just below
the ciliary ligament as far as the iris, making an
opening, this operation was not often repeated. For
opening the eye - Some modern surgeons that are
in error he made through the cornea, to the iris, then
introduce a pair of scissors & cut out a triangular
piece of the iris, this operation is now obsolete, when
the iris is completely absent & the vision transparent.
Surgical operation was to introduce the needle & then
pass the iris from the outside to the inside - the operation
was not often to be practiced -

The last operation is that recommended by Gibson. Take a cataract knife & push it through the cornea where it is transparent, & by making an incision, the aqueous humor will leak out, then the iris will bulge out immediately through the incision. Take a pair of scissors & cut a small piece out & the iris will retract with an opening. If the iris does not protrude, introduce a small probe into the

1168. draw it out, then make the opening —

Staphyloma is an affection of the eye, where the cornea is more prominent than natural, & in which the light is generally lost, the projection is such that the eyelids will not close, resulting generally, from inflammation. When only one eye is affected, the eye ball will often turn some way for its protection. It has been suggested that paper might be used to keep the eye in its natural position.

Various methods have been suggested for removing a portion of the eye, but the most common is Caustic, but this is dangerous & painful. It is best to make an incision around the margin of the cornea by a pair of scissors & remove a portion of the cornea.

Medical College of
New York
1825.

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Lecture Decr 29th 1825 Dr Moore

Neuralgia or Dolor Faciei

This is a disease of an organic kind, tho' it leaves no evidence of disease. There is no redness, swelling or the like. I have one dissection, where the nerve is enlarged. It occurs most commonly in the branches of 5th pair of nerves, as they spread up on the face, tho' it occasionally is found in the extremities & other parts of the body. It occurs generally as an Idiopathic, tho' it sometimes is symptomatic following wounds &c.

The person is seized with an acute darting pain, taking distinctly the course of the nerve, & whilst it exists, the face (or part affected) is spasmodically ~~affected~~ constricted.

At the same time there is a gush of tears from the eye of that side of the face. It goes off without leaving any marks except perhaps a little redness produced by the spasm. (For a peculiar description of symptoms see a letter in Phila. Med Times No 7181 from Dr Jones to Dr Rush.) This disease is liable to be confounded with others as Rheumatic

affections of the face. In the latter the pain is generally felt in the jaw bone, & not so distinctly in the soft parts as Neuralgia, -

A more distinct mark is that in neuralgia the pain is excited by passing the hand over the part, particularly if its temperature vary from that of the face. It generally occurs after middle age -

Treatment, Is either medical or surgical. I always attempt relief by the former, before adopting the latter. Tonics as Cinchona, Carb Iron in large quantities, but with little efficacy; Cathartics in large quantities have also been used. Cicuta in large quantities has been given with beneficial effect as by Dr Jackson of Boston, who gave to the extent of 300 grs in 6 hours

To be commenced in doses of 1-2 grs increase gradually as I prefer the extract of Stramonium to the tincture, dose in form of extract 40 gr every 3 or 4 hours, the repetition 2-3 days will produce its specific effects -

Its dose may be increased to 1.5 grs every 4

A good remedy is arsenic. Its use should be preceded by general depletion, as it is prejudicial, whenever there is a plethoric state of the system, or instead of depletion you may add digitalis, which diminishes the action of the heart & arteries.

Strong injections into the rectum of Turpentine or aloes existing hemorrhoids & bloody stools have been removed but during their operation. But this remedy is not preferable to the disease - Balsam, Camphor, Mustard & other foetida have been used, the first of them in the form of black drop is best -

Medicines acting on the skin, as Vol. Iunct, Quassia, in dose of teaspoonful repeated thro, the day have been used with success -

So also a small bag of muslin from laid in the mouth along the jaw has been found beneficial. It doubtless acts by promoting free circulation &c -

Emopisms, Blisters, Leeches operating on the vital properties of the nervous system are also used -

125 Electricity, Galvanism & Magnetism have relieved the disease. I once was relieved by putting a small magnet in the mouth. It soon lost its power & on substituting a larger one the disease became more violent ~

Surgical Treatment. Where medicines fail. Instruments may succeed. The operation consists in dividing the affected nerve. It is best performed with a phymosis Knife, or some instrument in a stiff handle. The infra orbital nerve is most frequently divided. Pass your Knife down to the bone on either side of the nerve according to the side of the face which is affected. On depressing the handle the nerve may be felt on the Knife like a wiry cord. On making a cutting motion the nerve is divided producing for a moment excruciating pain. A more infallible test of the division of the nerve is that loss of sensation or motion in the part. The beneficial effects of this operation are seldom procured until after several days

Lecture June 2^d 1826 Dr. Moore

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Symptomatic, Neuralgia, following V.S. attended with acute pain, in the arm. The operation consists in taking out an elliptical portion including, the cicatrix completely, removing a portion of nerves, then draw & suture together the integuments.

Polypus -

A polypus derives its name from its supposed animal nature, but erroneously. It is of a fleshy nature unaccompanied with pain for the most part. I believe there are two distinct kinds of polypus occurring in the nose viz. Benign &

Malignant - The first form has an external vascular covering & internally a gelatinous substance, always attaches itself to the sides of the nose, to the inferior turbinate bones, a foulness generally attends with a discharge of matter, rarely attacks both nostrils at once.

Polypi can be removed in three ways
 viz. 1. Forceps, Ligature & Caustics.

The Forceps should be curved a little, avoid the inferior turbinated bones, & here you must distinguish, between a polypus & a spongy state of the Schneiderian membrane covering these bones, "polypus is always softer."

The patient should be seated in a light take a probe & pass it up the nose to ascertain the precise attachment of it, let the head be raised & thrown back, then introduce the forceps & after applying it at the root of the polypus, give a sudden jerk, that it may be torn away by the root -

great circumspection is necessary in the use of Caustics. If you use wire for their extraction, a canula is necessary. Iron wire is preferable, pass the wire into the canula making a loop, introduce it & pass the loop around the polypus & draw it very tightly ~

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2nd Kind of Polypus is purely the same, like a
small bladder filled with fluid, unaccompanied
with pain, occurs in young subjects, My plan is
to draw them away as much as possible with
the forceps, then applying Escharotics beginning
with Zi oxide arsenic Zi Lard put on a drop
of lint & applied to the part -

3rd Kind of Polypus, is Malignant, more
fleshy than the first, remarkably prone to
bleed, great pain attending it, no operation
to be performed here. Use palliative me-
dics -

Excrescences about the mouth
would & may be excised with a pair
of scissors -

Lecture, Jan^y 4th 1826 Dr Mott

Removal of the Tonsils, The tonsils are occasionally so enlarged as to impede deglutition & respiration. When of long standing they should be removed, but they sometimes occur in children, where they may be removed by the application of Phosgen, Gargles, Caustics.

Method of removal is by wire ligatures & a canula, Seize the gland with a hook & draw it up that you may easily apply the wire, secure the mouth of the patient by placing a piece of cork between the Molar teeth, apply the wire very firmly at first, after its removal a considerable foetus will attend, to be corrected by Spits & water ~

Bronchotomy —

This operation consists in making an opening in the larynx or Trachea, for the purpose of admitting ^{air} into & out of the lungs. It is performed for suspended respiration arising from various causes, as Suspended Respiration from Submersion. The first thing to be done in such a case is to inflate the lungs, this may be done by a pair of bellows, pass your handkerchief around the bellows, & introduce them, while an assistant holds the nose of the patient with one hand & with the other presses upon the thyroid cartilage, pressure upon the ribs is also necessary. Persevere in your efforts for at least half an hour —

Lecture Jan^y 5th 1826 Dr. Mott

A vulgar practice in case of suspended respiration is immediate V.S. This is improper until respiration has commenced. v.s. is then proper from the right jugular vein -

Attention should also be given to the stomach, introduce something to arouse its energies, as warm toddy. This is injected into the stomach & does not interfere with the process of respiration - Now it becomes important to apply friction, which is calculated to support the action of the heart & arteries -

When Bronchotomy is performed it had better be in the trachea, below the cricoid cartilage rather than between the cricoid & thyroid, as you may then have sufficient space to pass your instrument -

Suspended respiration from hanging produces the same effects on the brain as that of drowning - Some suppose that death from hanging is

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produced by dislocation of the second from
the first vertebra of the neck. This however
is not the case

Extraneous substances may
get into the Larynx or Trachea & require
removal by Bronchotomy. Before proceed-
ing to operate it is important to exam-
ine the posterior fauces, as the substance
may be lodged there.

Lecture of 1st 1826 of the
 On Hernia

Hernia is defined a protrusion of any viscus from its proper situation. I will not discuss of the Hernia, Throat & Uterine. I shall confine my attention to that of the Abdomen. There are several species of this kind of Hernia as femoral Hernia, inguinal, Umbilical & Ventral.

In a dissection of the groin, in dissecting off the integuments, we observe the fascia superficialis & deeper ones which are situated the inguinal glands, then appear the external oblique muscle of the abdomen properly ligament, called the crural arch arising from the anterior superior iliac spine of the ilium inserted into the ligament of the pubis, the symphysis of the pubis & the linea ter. femoralis. From the crural arch go off several processes, first the fascia lata of the thigh divided into two parts, the iliac portion on the outside of the crural arch & the femoral portion on the inner side. We observe also the fascia transversalis going off under the Transversalis muscle, between it & the Peritoneum, in this is situated the internal Hernia

ring, another piece is the fascia transversalis, covering the Iliacus muscles -

Section Aug 10th 1826 Dr. Williams

There are two species of inguinal hernia occurring at the external abdominal ring, viz the Oblique & the direct, the first on the outside of the epigastric artery - There are two abdominal rings, viz the external & internal, the external is where the cord emerges, & is formed by the union of the external abdominal ringlets, the internal is situated midway between the anterior superior spinous process of the Ilium & the tubercle of the pubis, formed by the slit in the fascia transversalis, & is covered by the fold of the transversalis muscle. The space between the two rings is called the Inguinal canal & is the passage of the cord from 1-2 in. in length, the floor is formed by the Transversalis muscle - The relative situation of the epigastric artery to these two - It is to be observed, it arises from the femoral just above the crural arch, running up on the

is done in an oblique direction between the
two rings -

Operating for Internal Hemorrhoids
Make an incision directly on the surface
you will generally cut the Papae artery which
is to be tied, after you come down to the
hemorrhoidal sac, take a pair of forceps to raise the
tumor gently that it may be cut with the
knife after the sac is opened you are to feel
for the structure, it is generally found in the
internal canal, after feeling it, insinuate your
finger into the sinus to the side of the
Hemorrhoid cut it, always open the edge of the
knife a direction straight upward -

Lecture Jan'y 21 1826. 4th course

In the Indirect Inguinal Hernia the process generally takes place over the inguinal ring, but this is not always the case. The small hernial sac comes through the internal abdominal ring, the neck of it is at the inside of the inguinal ring. The structure is to be dilated straight opening. The operation consists in making an incision above the inguinal ring, then through the fascia & peritoneum, then you come down to the Hernial sac, the structure is now to be dilated.

Herniorrhaphy or Crural Hernia -

This is a protrusion of some part of the abdominal contents. The tumor appears below the umbilicus and lies on the inside of the femoral vein, upon the posterior part of the femoral bone, emerging under the crescentic edge. It comes down with the stretch of the vessels. The stretch of the vessels is formed anteriorly by the reflection of the fascia transversalis & posteriorly by the fascia iliaca. The femoral foramen is the point of exit of the vessel & pushed forward -

The Femoral is to be distinguished from Axillary Hernia, the femoral is much larger as the inguinal, it has its long axis across the thigh in the direction of the crural arch. It is always below, & opposite Segment by feeling the crural arch above the tumor you will be sure that it is Axillary Hernia.

This Hernia below the crural arch generally tilts upwards, therefore in order to reduce it, put the patient in a situation which will relax the parts, let him lay down, & the leg being bent upon the thigh, you press the tumor downwards with your thumb which will generally reduce it.

Operation. Put the patient upon a table, make an incision in the direction of the long axis of the tumor along the crural arch, and another incision in an opposite direction \perp . then dissect up the parts, after you come down to the fascia propria, raise it up with a pair of forceps & cut it off transversely.

The rule, which I have followed for removing it,
 is to pass the bistouri flatwise on the finger &
 press the incision down, after coming to the struc-
 ture, turn the edge of the knife upwards & cutting
 that you may go on a line with the Epigastric
 artery — Relative situation of vessels to the
 femoral ring. The ilio-lumbar artery sometimes arises
 from the epigastric, & may be so situated with
 regard to the hernia as to endanger cutting it —
 if the hernia comes down over the artery, there is
 no danger, if not, when introducing your finger
 feel for the pulsation of the artery, that you
 may avoid cutting it. (On this subject see
 Lawrence & Anderson) —

Textbook Aug. 12th 1826 Dr. Moore

On Aneurysm.

Operation for popliteal aneurysm —

The lower part of the upper third of the thigh is the best situation. The artery is then most superficial & with few anastomosing branches — 1st Make an incision on the inner edge of the Sartorius muscle about 3 inches in length, the leg being a little flexed, then raise the inner edge of the Sartorius muscle, the sheath of the vessel is now exposed, this is to be cut into & the artery laid bare, which is on the outside next the bone.

A strong double ligature is to be passed round the artery by means of a blunt needle, then the ligatures being drawn from each other, they are to be firmly tied on the vessel about an inch from each other & the artery divided between them.

The edges of the wound are to be drawn together & secured by adhesion straps, the ligatures being left out at the angles —

Aug 13th 1845 -

The situation above mentioned for the position of popliteal aneurism is not the only one for it may be tied any where between the femoral arch, of course where it has been tied below the tumor within any anastomosis are unimportant, for the principle is to tie between the tumor & heart -

If the aneurism be situated in the posterior tibial artery, it would be better to tie it above rather than at the ham, but if possible or the tumor be situated low down, you may tie the artery between the tumor & ham -

In taking up the anterior tibial artery there is more difficulty than in the posterior - owing to the fascia covering it -

To turn the artery is a ~~very~~ ^{very} difficult -
 Method of taking up the subclavian artery
 on the superficial Side of the Scalene Muscles -
 Make an incision above the clavicle & going
 down along the side of the omohyoid muscle
 after coming to the bundle of nerves which go
 to form the axillary plexus, you must go below
 these nerves & then you will feel for the pulsa-
 tion of the artery on the first rib -

Operation for aneurism in the Brachial artery
 Feel for the pulsation of the artery, & cut along
 the inner edge of the Biceps muscle & turn it
 & the Brachial Artery about the middle of the
 arm, & divide the aneurism, & feel for the
 artery, cut down upon it & then divide the aneurism

The only case, where the artery is to be taken up
 on the other side, is where it is punctured from
 the axilla -

Lecture Aug 17th 1826. Dr. Smith

Operation for tying the Carotid artery.

It can be taken up any where but the strain
to the lower jaw. Pass a newspaper round the neck
of the internal jugular vein which lies immediately
above the artery & the parasympathetic lies also near
these vessels. Make an incision along the inner
edge of the Sternocleidomastoid muscle of 4 in
in length, raise this up, the overlying skin
covering the sheath of the vessels, which has been
mistaken for the artery, removing this & the
internal jugular vein, you apply the ligature,
draw the sides of the wound together & secure
by oblique strips. It generally results by the
first intention.

Lesson May 11th 1866 H. M. —
 The Amputation —

This is an operation, which we are likely to have recourse to, for to save the limb of the limb —
 The great danger of amputation arises from its tendency to produce lock jaw.

This operation is called for in several dangerous instances, occasionally in compound fractures, sometimes in a wound which does not involve the bone, as in severe vascularly lacerated wounds. In the walks of private life, most cases requiring amputation, arise from diseases in veins, connected with a scrupulous habit — Fungus thrombosis existing in the extremities require amputation sometimes, gunshot wounds sometimes the —

When amputation is to be performed it is an interesting question whether to perform it before the mortification reaches or not, & cases of spontaneous mortification we should wait until it occurs, but when arising from a traumatic cause you may amputate before the mortification reaches —

Lecture Aug 2nd 186. 3rd course -

Symptoms of Inguinal Hernia
Inguinal Hernia may be defined to be a
tumor appearing midway between the space of
the ilium & inguinal foras, generally disappear-
ing upon lying down & enlarged by coughing,
& disappearing on pressure.

Diagnostic Symptoms. It is not apt
to be confounded with Hydrocele, this may
be known by the tumor commencing at the
bottom of the scrotum - by its translucency
& fluctuation, pyriform shape - absence of pain
except at the attachment of the Testicle.
If Hydrocele extends up to the inguinal
canal & passes out at the external abdominal
ring, it will be difficult to distinguish it
except by the history of the case.

A more difficult case is that Hydrocele
which communicates with the peritoneal
cavity. In the case upon lying down the
tumor disappears, enlarged by coughing &c.
This generally passes in children soon after
the descent of the Testicle, very transient.

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Let the patient lie down, then elevate the
scrotum & the water passes into the abdomen.
place your finger on the external abdominal
ring, if the tumor now appears it is Hydrocele.
In cases of Hydrocele in children, it is best to
apply a small scrotum -

Varicocele, is also liable to be mis-
taken for Hernia, this is an enlargement of the
spermatic veins, & generally occurs on the left
because the left spermatic empties into the
emulgent, while the right empties into the inferior vena cava.

It may be known by rolling the tumor
between the fingers, giving the feel of a bun-
dle of worms - Let the patient on his back
elevate the scrotum & the tumor disappears.
apply pressure at the abdominal ring. If
the tumor returns while pressure is made it
is Varicocele -

Diagnosis between inflammation of the Colon & Hernia
When the inflammation exists, it has been mistaken
for Hernia. The symptoms are vomiting, pain
constipation of the bowels, & therefore requires
attention to discriminate -

Abscesses take place here, & might
be mistaken for Hernia, attended with
fever, vomiting, constipation of bowels &c.
Predisposing Causes of Hernia are,

Relaxed State of the System & also

1st By enlarging the apertures, & 2nd by enlarging
the mesentery allowing the intestines to come
down when the exciting cause is applied -

Exciting Causes are Laborious employments
Stricture in the Urethra, Habitual coughs
occurring generally in persons of advanced life

Reducible Hernia is a curable affection
in children & sometimes in advanced life
by proper applications of instruments -

Hunter's Patent Rubber Trusses are the
best that have been invented -

Leicester Jan^y 27th 1826

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Irreducible Hernia. The most common cause of irreducible hernia is its quantity, which is constantly liable to be increased. It is a great desideratum to render it reducible. This is sometimes effected (particularly of scrofula sort) by promoting absorption. Confinement to bed depletion & antiphlogistic means are necessary when hindered reducible by a tumor. It can only be reduced by an operation -

Strangulated Hernia. The symptoms of this are similar to rupture of intestines viz a pain & crop the upper part of the abdomen in the course of the colon, with vomiting. Posteriorly, a tumor which at first is not painful on being handled, tho' it soon becomes red & very tender & painful. The abdomen also becomes hard & very tender to the touch. This last being an evidence of peritoneal inflammation I should then operate immediately -

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Treatment, Obtain about as much relaxation
as possible, diminish both vascular & muscular
action, by bleeding &c. The first attempt at
reduction may now be made. The patient being
properly placed, with one hand between his legs,
glides the tumour & with the other aspart into
baguer at the ring. In the early stages I
make use of a great deal of force for 15-20 min
after a faithful, but unsuccessful attempt. I
would put the patient in a warm bath & bleed
while in the bath & embrace the opportunity
during the relaxation to reduce it. This is some
times attended with success, if not I would attempt
it on removing the patient to bed, if it's fail
try Tobacco injection (Nicotiana Tabacum 3i
infused in O. water, inject half of this syringe
in 20 min, inject the rest - at same time
you may use snow or form of powdered
ice - Take care not to press the Scrotum -

Lecture Jan^y 28th 1826

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Before an intestine is returned, after deleting the stricture, it should be pulled out a little to ascertain if there be not a hole in it at the obstructed part. If not, it is to be cautiously returned in the same course, which it came down. This being done, pass your finger to see that all the contents of the sac are forced into the peritoneal cavity. —

Then dress the wound. It is to be brought together by sutures & adhesive plaster. The patient is to be put to bed with his legs in an extended position. In general vomiting ceases immediately after operation. For 3-4 hrs give patient only drinks, now an evacuation per an. becomes desirable. This is to be procured if the stomach be very irritable by enemata if not by Tereb. Powder. Glycer. Manna &c. It is not uncommon to obtain a very profuse discharge, exhausting the patient very much in which case he is to be supported by proper nourishing diet - avoid inflammation by antiphlogistic treat. If no discharge occurs, the dressings are not to be disturbed.

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If on opening the sac, there is doubt, whether the intestine be returnable or not, ascertain if the circulation is still going on in the part, if so it may be returned. If no veins are to be seen apply an emollient poultice for an hour or two. If circulation goes on it assumes a healthy aspect & may be returned. If the intestine be sphacelated after relieving the stricture procure an evacuation. The state of the is truly deplorable, the discharge for the most living, ~~for the most part living~~, from this artificial anus. If it be in the small intestine, the discharge of fluids is so rapid that the nutritious particles are not taken up by the lacteals & the patient dies of inanition. Sometimes the opening heals & the patient recovers at others it continues open for years, this in general death is an early consequence.

If the omentum be in a state of sphacelation it may be cut off. In this case it becomes necessary to tie 2 or 3 vessels. I would do this with fine silk & cut off the ends at the knot. If the patient recovers it will generally be in the course of 10-12 days.

Lecture Jan 31st 1826 2^d Lecture -
Diseases of the Breast

This part is subject to several diseases, some only cured by the removal of the whole breast others by a removal of part, but has without any operation, there is not for a continuous tendency for the disease to increase & the system to become affected, we might employ more time for the application of remedies external. But this is

~~less harmful~~ this disease do not require an immediate operation as Hardness from mammary abscess

There are five diseases of the Breast requiring operation, 1st The Hydatids. 2^d Scirrhus 3^d Medullary Carcinoma, 4th Fibroma - 5th Fungus Mammariae - The Hydatid breast is a rare affection independent of any other disease, by it we understand a tumour in the Breast, containing a pellucid fluid, rising & subsiding, the Breast grows to a considerable size, has no elastic feel, soft with a degree of fluctuation. When these tumours are large, they may be opened & injected treating the same as Hydrocele, but generally they are numerous, & therefore

It is more safe to remove the whole Breast -
 3^d Schirrus of the Breast is a painful
 disease of the Breast, for as are first appear
 of be pursuing thro' the linen, & in consequence
 of exerting the pectoral muscles an acute
 pain is felt in the breast & a tumor appears

The Schirrus tumor is remarkably hard -
 as ascribed, sometimes irregular & sometimes
 round subject to it, have not pain at all
 times, a few days previous to menstruation the
 pain is more considerable. When seated on
 the outside of the nipple by absorption it
 extends deep to the axilla. When on the
 inside it produces cough, dyspnea, as these
 tumors grow, they contract adhesions around
 the surrounding parts, nipple is drawn inward
 when it becomes an open ulcer it is called
 Carcinoma -

Carcinomatous ulcer never dischar-
 ges freely pus, the edges are turned outward
 with remarkable pallority. Cancer grows
 faster in one of 3 ways. 1st by discharging large
 & exhausting the patient -

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2nd By producing a peculiar effect of the ducts
affected, in consequence of the swelling of the axillary
gland, impeding the return of venous blood, & thus
producing circulatory inflammation.

3rd By absorption, producing a constitutional
affection. - This disease occurs in persons between
the age of 30-50 tho' more frequently between 40 &
50, most frequently in unmarried women & in mar-
ried women, who have never given birth. When
schirrus becomes so much more, the patient does
not generally live over a year, tho' sometimes
for several years. Diseases of the female breast
sometimes alternate with diseases of the uterus.

3rd Soft Cancer or medullary Carcinoma
appears for most parts in vitiated habits in
form of a large tumor, after it ulcerates it
appears like a fungus, progresses very rapidly
& requires a speedy extirpation.

Lecture Feb 1st 1891 Dr Pratt -
 1st disease of the female breast is Neutoma
 This does not involve the glandular part
 It is known by the freedom from pain, & to a
 certain degree tuberculated, liable to occur in
 any part of the body & an enormous degree
 of the disease is Fungus Mammariae
 This is accompanied with pain, & is soft,
 latic, bulky, & becomes of a purplish colour
 when it bursts, the fungus springs out, &
 sometimes bleeds freely. This requires speedy
 excision, & after it is removed the constitution
 has most generally partakes of it & the patient
 sooner or later perishes - The operation for
 removing a part or all of the breast is danger-
 ous in proportion to the size of the tumour
 After its excision lay a napkin across the
 patient & let her remain 15 or 20 min before
 dressing the wounds, & she should be in a
 recumbent posture - Bring the integuments
 together & retain them by adhesive plaster,
 over this put a compress, use a roller for pres-
 suring afterwards - the commonly bandage

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The axillary glands are sometimes so affected
as to require removal, & great attention is
required in removing them lest the axillary
vein be cut —

The female breast at the age of puberty
is subject to an enlargement which gives
great anxiety, being a distinct tumor, painful
hard & more or less of an inflamed nature.
There is no necessity for an operation here —
Cover it with deep plaster or oil & salt
~~is~~ treat the patient antiphlogistically,
if there be any interruption to the menstrual
discharge, it requires particular attention.

131
 From July 2 1920 to present
 description of the old stream
 bottom in the bed of the stream
 description - In the present stream is a large quantity
 of material of various kinds washed & deposited
 in the stream from the surrounding
 hills, also, the stream bed under the dam of the
 mill dam.

The patient is first apprised of the disease by the doctor being a little stern & serious when a sensation of a warm motion within the abdomen. In order to relieve the pressure of fluid within the cavity of the abdomen we should endeavor to draw the water off. The proper method for this is to let the patient be seated on a chair, then by passing your hand at the upper part of the abdomen - as we did - striking the other side with the other hand, you may draw it -

Dr. Little says that the result of his disease would be more successful if the operation of peritonitis was sooner performed than is usually the case, when using a good course of treatment by Jodine, but this is

Thapping sometimes causes cystic dropsy, by the inflammation induced by the operation, -

Ovarian dropsy either arises between the peritoneum & ovarium, or consists in an enlargement of the ovarium - Distinguishing from peritoneal dropsy, by the history of the case commencing on the side, that is to be treated & fluctuation - In all cases of ovarian dropsy there is no hurry for an operation, the object in delaying the operation is that the cyst will sometimes burst into our gut. When by tapping the water is let down off

We know of no medicine which will control this disease, keep the patient in a comfortable situation - But also less the operation of ovarian dropsy much better than the operation for peritoneal dropsy -

The fluid drawn off is of different colours
in different cases — The ordinary quantity of
fluids contained between the 2d & 3d puncture

We should endeavour to discriminate between
dropsy, & pregnancy, as instances are known where
the operation of Paracentesis was performed in
misapprehension of an ^{an} intra-uterine pregnancy, which misapprehension
originates from a mistaken for dropsy — Distinguished
by placing your hand on the abdomen & feeling
the movement of the child — There are also
diseases by relating some curious facts —

Lecture Feb 8th 1826 Dr Mott —
In relation to the operation of Paracentesis,
it is best to have the bladder emptied, as if
it be enormously distended, you might
puncture the bladder —

Operation, Take a single headed roller
& pass around the patient, let him lie in a
recumbent position. Make the puncture
about an inch below the umbilicus, as
there then will be no danger from the situation
of vessels, first make an incision through

the integuments, then pass in the trocar, and as the water runs out, make pressure upon the abdomen by the bandage, if much cough comes on while the trocar is within, it is best to withdraw it. Remove the sheet, apply a piece of adhesive plaster, then a bandage.

A person will seldom survive many operations of paracentesis, not generally more than 3 or 4.

Besides tapping, other attempts have been made to cure dropsy, as in encysted dropsy by excision, but this is a hazardous practice.

Doctors have introduced into these encysted tumors, but has been professed to inject them as in Hydrocele, in two cases where this was done within my knowledge both were fatal.

On Fractures.

By a fracture is understood a solution of continuity in a bone produced by external violence, or from violent muscular exertion.

Fractures are divided into Simple & Compound. The first is a fracture, without any injury of the soft parts. the latter when this is the case.

A simple fracture is generally known by a change in the position of the limb, by mobility of parts: by crepitation, this last is not always present & when present is not to be always depended upon. In injury of the joints there is sometimes an effusion which gives on motion a sense of crepitation.

The Bones of the body unite at different periods. Those of the superior extremities with but one exception unite sooner than those of the inferior. The bones of the ^{fore} arm generally require 3 weeks, the ulna & brachia 4 weeks - The tibia 3 weeks, fibula 3 weeks, the femur 6-8 weeks - The Clavicle from the difficulty of keeping the parts in proper coaptation requires generally 5 weeks -

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Lecture Dec 7th 1826. 3rd M^o

Process of the Healing of Bones —

Directly after a bone is broken there is a considerable effusion of blood between the ends of the bones, which is absorbed in the course of 3 or 4 days after the injury. Then inflammation of the periosteum comes on, which throws out a material which forms a bond of union, this is thrown out in form of a ring, In a few days it becomes hard. This material then becomes vascular & bony matter is secreted from the arteries, until the whole becomes solid, as bony matter is secreted, the material forming the nidus is absorbed —

In simple fracture, when by feeling you perceive a redundancy of osseous matter, apply a stuffed strap, so as closely to compress & thereby promote absorption —

There are two great points in the management of fractures with regard to the position of the leg, the French advocate the extended, the English the semiflex. judgment is to be exercised, none or the other adopted according to circumstances —

157 Fractures of the leg. Many of these are managed with great comfort to the patient in the Semi flex position on a Roll plan. Fractures of the bones of the leg require splints, these should always extend beyond two joints that the limb may be properly secured -

In some cases, as in oblique fractures, it is necessary to place the limb in an extended position resting upon the heel & calf. In this position the action of the Gastrocnemii muscles (which is apt to distort the limb) is counteracted. (On first seeing a fracture, a popular setting (as I term it) is only requisite, tho. in children or in very irritable nervous persons splints lightly applied become necessary. In general it is only necessary to place the limb straight -

In the course of a few days, when swelling & inflammation have subsided, the Surgical setting becomes necessary. This consists in proper adaptation of plaster & the application of proper splints -

151
Leaves. Dec 6th 1826. To Mr. [unclear]

It often becomes necessary to bleed the patient after a fracture, to prevent too great inflammation & also to make use of local applications, the best of which is Lead water & Lead, in the proportion of 3j-ij acet. Plum. pint of water, to this add a cup full of vinegar - Spgt & water is a good application. If the pain, swelling & inflammation be great, apply leeches if blisters appear, make the lead wash stronger. After this preparatory treatment, you are to apply permanent bandages. For this purpose the many tailed bandage is to be used. It is necessary to examine the fracture daily, lest the limb become distorted.

Fractures of the Thigh. These are of more importance than those of the leg, as distortion & shortness of the limb more frequently happen. The old English plan of treating fractures of the thigh was that of the flexed. The fault of that practice was submitting the patient to great inconvenience by shortening the limb

159 This practice consists in making use of three splints, one applied on the outside, one on the inner & one on the upper part of the thigh -

The next plan is that of the double inclined plane, with a fracture box - I never knew an instance of a fracture of the thigh bone, where the broken ends did not overlap each other the lower portion of the fracture sliding under the upper portion, owing to the strong action of the flexor muscles, & for counteracting this, the fracture box is admirably well adapted, the ball of the great toe must be in a line with the inside of the patella -

Another plan of treating fractures of the thigh bone is in the extended position -

Lecture Feb 7th 1826 Dr. Moore -

In fractures of the thigh bone, it becomes necessary to ascertain whether the limb be of its proper length, in order to determine this, measure from the anterior superior spinous process of the Ilium to the bottom of the foot -

160
Fracture of the neck of the thigh bone -
This accident more frequently occurs in old people
& often from slight causes -

Symptoms. 1st The limb is generally shortened
sometimes very little, & sometimes very considerably -

2nd The foot is always turned outwards - 3rd
Crepitation, this does not take place where the
limb is much shortened - 4th Ready mobility

of the limb - Different opinions are entertained as
to the union of a fracture at this place, Some maintain
that it never unites if the fracture be within the
capsular ligament, this is the opinion of & Cooper -
the strength of the contrary opinion -

My opinion is, that if the fracture be treated as
ordinary fractures, & the extremities of the bone be
brought into apposition, they will unite -

It is to be treated upon the plan of the double
in line plane in the extended position -

Lecture Feb 5th 1820 Dr. Mott.

Fracture of the Clavicle, From the situation of this bone it is liable to be broken by falls on the shoulder -

Symptoms. If you pass along the clavicle, you will probably detect the fracture the distal end remains fixed, the shoulder end is raised, then fractured near the shoulder, it will not be much displaced, but some displacement may generally be felt -

Treatment. Bring the bones in apposition, by elevating the shoulder, by means of a long cushion around the forearm, by passing a handkerchief around the arm to keep it close to the body - In small children I have applied a single bandage below, making the figure 8 bandage across the shoulder - apply compresses & bandage for a few days -

Fracture of the Os Brachii —

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Symptoms are great mobility - alteration in the position of the limb - Crepitation &c.

Treatment. Attention must be paid to the inflammation at the beginning, by means of the antiphlogistic treat, tho' in some instances I apply the splints immediately, four splints are sufficient - the one on the inside must reach from the axilla, down below the elbow - the first piece take a single beaded roller, & begin at the point of fracture (which is generally at the middle line) & go down to the elbow, then up to the axilla then down again, now apply the splint, then with a double roller, apply it ^{over the splint} ascending the arm by first carrying it up -

Fracture of the lower part of the Os Brachii with effusion. This generally happens in young subjects & requires attention to distinguish it from dislocation at the elbow. Grasp the elbow firmly with one hand & the shaft of the os brachii with the other, & by turning it a little you will observe considerable mobility.

163 Treatment; if considerable swelling & inflammation attends a fracture at this place, let the arm be laid upon a pillow for some days until the swelling & inflammation subsides -

Take a roller & apply it over the arm & forearm, then take a piece of paste board of the length to reach from the axilla to the wrist, & of the width to surround the arm. Moisten it in water, cut out a triangular portion for the elbow, bend the arm, then apply the paste board in this moistened state which soon becomes hard so as to firmly compress the limb, after the expiration of 2 or 3 weeks, make use of passive motion to prevent stiffness at the joint -

Fracture of the Condyle of the Os Humeri requires the same treatment as the preceding

London July 8th 1856

Fractures of the Fore Arm, When one bone is broken there is great danger of suppuration in ascending it & treating it, unless when it happens that the radius is broken high up, it is necessary to guard against its pressure upon the other bone.

Management of a fracture of one bone

If the inflammation be considerable, leave it for a few days until it subsides, then take two splints of the length to reach nearly to the ends of the fingers & apply them along the sides of the bone.

If both bones be broken then splints are necessary the third one to be applied along the edge of the Ulna -

Fracture of the radius low down

This happens just where the Quadratus Muscles cross the bone, & this muscle draws down the ^{fractured} ~~part~~ end to the Ulna - In this case apply a splint just long enough to reach the wrist, so that the weight of the hand may counteract the action of the Quadratus muscle & thereby keep the ends of the bone in good apposition.

165 Fracture of the Olecranon, This is to be managed upon the extended plan. Upon examining to ascertain the fracture, relax the arm as much as possible, then take hold of the olecranon & it may be moved -

Treat, antiphlogistic in the commencement - Apply a roller, beginning at the wrist & carrying it to the axilla, then apply a splint along the inside of the arm - after 3 weeks, remove the dressing & make use of passive motion in a very gradual manner at first

Fracture of the Patella, This is generally a simple transverse fracture - Sometimes the ends of the bone are considerably separated; after the inflammation is subdued - it is best to relax the muscles arising from the pelvis & inserted into the Patella, which will be obtained better by the patient, lying, & tilted up in bed instead of being in a recumbent position

Treatment of Fractured Patella -

Apply a Splint reaching from the calf of the leg to the middle of the thigh. Then take a roller, pass it around the leg & thigh, describing the figure 8 & bandage across the patella, observing at the same time, that the ends of the bone are brought into good apposition. Treat it in this way for 6 or 7 weeks, after the expiration of 2 weeks make use of passive motion. - When these bones are not brought into good apposition, the union by ligament takes place, & the patient remains lame for some times -

Laceration of the ligament joining from the patella to the tuberosity of the Tibia -

This accident is known by the patient falling, & attended with a sensation of something giving way suddenly - Upon close examination you will feel a deficiency - Treatment, The same as in fracture of the Patella, -

107 Fractures of bones sometimes go beyond the
usual time before union takes place, sometimes
they never unite - This is sometimes owing to the
patient being confined to low diet, who had pre-
viously been accustomed to full living -

Three circumstances prevent the union of
bones, 1st ^{ends of bone} The bones are not brought together -
2nd Where the bones are not kept in proper
position 3rd Deficiency of energy in the
constitution - Various methods have been
adopted in reference to the treatment of a
bone in this situation - Supposing it to be
the latter I would recommend to apply a
splint & let the patient walk about as much
as possible - 2nd Blisters to the part -
If this does not succeed make use of Setons
leaving them in for several months & taking
them away in a gradual manner -

July 10th 1826

Fracture of the ribs. Symptoms are expector-
tion, which if not distinguished readily, directs the
patient to take a long breath, & then a vice-
grating sensation - Great antiphlogistic
& apply a bandage around the chest, if it be
a simple fracture it will soon unite, if complicated
Emphysema may come on attended with difficulty
of breathing &c. In this case cut down for the
upper edge of the rib & make an incision thro'
the pleura, that the air may have a free exit.

Fracture of the lower jaw. This may be caused
by falling, also the mouth & dislocated the edges
of the teeth, also by asphyxiation -

Treatment. The greatest difficulty is to
keep the patient from moving it, which only requires
to be kept still. If a tooth be involved in the
fracture extract it, apply a bandage around it
leaving a space for the skin & merely apply a
bandage around the head & under the jaw -

I have sometimes found it necessary to weld
the teeth together -

Of Compound Fractures.

By a compound fracture, we mean a fracture of a bone complicated with a wound of the external soft parts, thereby rendering the bone -

Treatment. The first thing which attracts the attention of the surgeon is the hemorrhage - this is therefore to be arrested, if possible by pressure, avoiding ligatures - It is now desirable to bring about an union of the wound, tho' generally it does not unite by the first intention. My plan is to lay the limb in its proper situation, either on the side or back, governed in the respect according to the situation of the wound - the wound is then to be washed, apply a piece of lint wet with blood to the part, then an adhesive plaister, compress & the many tailed bandages. In this way it may be reduced to the state of a simple fracture. I have sometimes made use of splints for the purpose of steadying the limb, at other times only applying a pillow around the limb -

If inflammation comes on rapidly, & is so to subvert the
 the part is about to suppurate, make use
 of poultices - by applying the young linseed
 powder, leave the cloth separate, but it becomes
 necessary to dress the wound often. Wash the
 limb frequently with spirits, lay pieces of flannel
 along the sides of the wound, for the purpose of
 absorbing the discharges; -

Other circumstances attend compound
 fractures of a more serious nature. 1st Protrusion
 of the bone. In this case return the protruded
 end & if the wound is not large enough to re-
 turn it, it is advisable to make it larger, by
 altering the position of the limb & manipulating it
 skilfully; it may retreat without producing
 any laceration. If the bone is not damaged
 & its position you may leave it, but if dam-
 aged, you may leave it. →

171
Compound Fracture of the Tibia, If the end
of the bone be considerably broken off, & the
extremity, it will unite only by ligament -
In circumstances attending a compound fracture
of this bone is the laceration of the artery,
If it be the anterior tibial artery, you can tie
it any where in its course, & if the posterior
tibial artery be lacerated 4 or 5 inches above the
ankle, it may be tied also & the limb saved -
But if it be lacerated at its situation in the
roof of the leg & especially injured by the bone,
it is very uncertain, whether it can be saved -
In this instance my opinion is that amputation
should be performed, & that if the artery be
lacerated by the cause which produced the
fracture that by the bone itself & if at the same
there is a great laceration of parts, I would
tie the artery & attempt to save the limb -

Compound Fracture of the Arm Brachii

If the brachial artery be lacerated, it is reasonable to tie it, because the consequence of that part is so great, that the anastomosing branches may carry on the circulation, If you find however, that the circulation does not go on & the hand & arm has a cadaverous coldness, for 24 hrs, then amputation is to be performed.

Compound Fracture of the Thigh - This is a dreadful accident owing to the great laceration of muscles. I have known it to prove fatal in 24 hrs, As it respects the position of the limb we are to be governed according to circumstances - If the femoral artery be lacerated, I would advise you to secure it as in the Brachii, & at the place of the wound if the circulation does not go on afterwards amputation must be resorted to.

Lecture Feb. 11th 1826 Dr. Moore
On Injuries of the Spine, -

No dislocation can take place on the spine without a fracture except between the first & second vertebrae - The most common situation for an injury of the spine is at the lumbar or sacral, produced by falls or -

Symptoms, are loss of voluntary motion retention of urine & feces for 3 or 4 days then follows an involuntary evacuation of urine & feces a person recovering this injury does not in general live over 3 months tho' sometimes they will live a year or two - They die in consequence of pneumonia & hemorrhages at the part -

If the injury occurs at the dorsal vertebrae, in addition to the symptoms already mentioned, will be a retarded state of the Hemorrh., & a high up with difficulty of breathing the patient generally dies in 3 or 4 weeks.

When the injury is at the cervical vertebrae the patient loses all motion in the Superior extremities, breathing difficult, the patient does not live commonly over 24 hrs -

When the first is dislocated from the spinal
vertebra, death is almost the immediate consequence.

In relation to the injuries of the spine, my
opinion is that nothing has been done for the
cure of these accidents - Some have recommended
an operation, by cutting down & removing the bone
which compresses the spinal marrow - I would
not advise it - make the patient as comfortable
as possible by antiphlogistic treat. V. Cathartics
Iodine &c. —

Dislocation of the Sternum out of
the Clavicle. When this happens, the clavicle
rides upon the first bone of the Sternum -
this is easily detected - This dislocation
cannot be reduced, for when it is reduced
which is easily done by bringing the shoulder
back & retaining them by a bandage - It slips
out as soon as the body moves —

Dislocation of the Clavicle from the acromion
process - This is ascertained by the irregularity about
the shoulder, pap you finger along the spine of scapula
& when you come to the articulation, the clavicle
appears raised - Treat, elevate the

Shoulder & keep the arm to the body.

Dislocations of the OS Brachii -
This takes place in 3 different ways, the most
frequent is downwards in the axilla - 2nd
forwards under the great pectoral muscle
& 3rd backwards on the dorsum of the Scapula.

The Character of a dislocation, are -

The arm is generally fixed at a little
distance from the body, & as soon as it is
moved the patient experiences great pain.
On examining the shoulder, instead of a round
it has a flattened appearance, if the joint
is not very muscular, you may cross your finger
under the acromion process, & direct the patient
to raise his hand to the top of his head &
if he cannot, with the other symptoms -
may be sure that it is a dislocation.

If there still be doubt, search for the head
of the bone, whenever you find it, place your
finger on it, & grasp the elbow rotate the
bone, & thus you may distinguish, whether
it be the head of the bone or not.

A fracture of the neck of the scapula might be mistaken for a dislocation, - Characters, are, more mobility than in dislocation - the head of the bone is not felt in the axilla - crepitation may also be felt - Put your hand over the shoulder with your thumb in the axilla, then rotate - to find the corner & press, put your finger on it, then rotate the arm you will feel the crepitation

Section July 19th 1826 Dr. Mott -

Treatment of ~~fracture of the neck of the scapula~~ fracture of the neck of the scapula
 Elevate the shoulder & raising it on a sling, having brought the bone into apposition, bind the arm to the body. Perhaps it will be more to put a bolster in the axilla - Leave it for 4 weeks, when make a little passive motion - continue this for a week & leave off the dressing

Method of reducing a dislocation at the shoulder joint - This is effected with but little difficulty in recent cases - the greatest difficulty occurs in dislocation under the axillary muscle

Have a person to hold the body of the patient, - another to steady the scapula, & this to pull upon the arm (which should be flexed a little from the body) while the surgeon directs the head of the bone into its situation & great care is to divert the attention of the Surgeon. If this can by any means be effected it is a very matter to reduce recent dislocation. We however sometimes see these cases four, six, or months after the accident, in which case it is difficult, sometimes impossible to reduce it. A dislocation which has existed 6 months is not hopeful, I have reduced them 11 & 13 weeks standing - Direct the patient to sit in a chair which is to be supported against a tree or pillar, a sheet properly folded is then to be passed under the axilla & over the shoulder & tied to the pillar or tree - Two silk bandage shields are now to be applied to the arm by a double hitch - Having all things ready, an assistant must hold the scapula & extension may now be made by two or more persons, while the surgeon directs the arm -

in such a manner as to relax the muscles, the extension should be made gradually, not suddenly - The relaxation may be aided by the administration of narcotizing doses of antimony &c.

Fracture of the 1st Brachii at its neck, involving the joint. - In this case there is no displacement of parts or loss of motion. - It may be known by grasping the head of the bone, & rotating the arm when rotation will be perfect. The arm should be kept still until union will take place.

Fracture of the scapula process. - In this case elevate the arm & bind in a sling to the body -

Disunion at the Elbow joint. - 1st Dislocation of the Ulna backwards. the arm is in a state of partial flexion, and can be neither flexed or extended without great pain. It occurs from falls when the hands are stretched, probably with a rupture of the ligaments.

Plan of reducing the dislocation of the ulna
Place your knee on the inside of the arm
& pull upon the forearm, at the same time
straightening it, a circumstance sometimes
attends this, which should be known, which is
that the coronoid process is sometimes broken
off. This may be known by the difficulty of keeping
the arm reduced: it being re-dislocated on the
slightest motion. In this case it is attended for
a long time with a loss of all motion - a little
motion after a long time may be attained.

Dislocation of the Radius forwards, so that
it rides upon the Brachialis Internus muscle.
In this case if you attempt either to extend
or flex the arm excruciating pain is produced
by the pressure of the bone upon the muscle.
In recent cases, it is easily reduced. Place
the elbow upon the knee, then take hold of the
Brachii & place a finger so as to press upon
& follow the radius - with the other hand, take
hold of the forearm & make sudden extensions.

3rd Dislocation of one or both bones backwards -
 4th Dislocation laterally - These are easily detected
 & reduced by extension & counter extension.

Dislocation of the Wrist. When this occurs, it is
 generally backwards upon the Carpus. Simple
 extension & counter extension is sufficient to reduce
 this. After restoring a dislocated wrist, it is liable
 to be left in a state of deformity, a tumor upon
 the anterior part of the wrist which by the surgeon
 might be considered as an inward dislocation -
 It must be removed by mercurial plaster, & in
 this a piece of lead & bandage or by blistering.

Dislocation of the Throat, Reduced by Extension -

Ganglions, are enlargements about a tendon
 It is known outwardly as a bursted tumor. It occurs
 frequently about the joint. They may be removed
 by bursting them, by a blow, by long continued
 pressure - or by cutting into them, which is attended
 with danger, should inflammation ensue -

Letter 26, 11th 1886 4th part -
Position of the Hip joint - " Contain
 2 views from front, standard and from side
 view, the limb is shortened arising from the
 pelvis making a twist on the spine, the
 three points forming the symmetrical triangle
 preserve their relative situation -

Treat analogously - upper - 1886 - 11th
 the Pelvic Muscles can show the action
 of the great gluteus muscles - Treat analogously

Distinctions of the hip joint. These occur
 in 4 different situations, 1st most frequently
 on the Dorsum of the Recumbent, Character
 the limb is 2 or 3 inches shorter, very much
 abducted, the foot turns inwards over the
 knee of the other leg -

2nd the animal is standing
Character the limb is lengthened, when the
 patient stands up, it is considerably advanced
 beyond the other, considerable lateral motion
 is allowed, foot turned outwards -

2^d Substituted into the Dechatec note 152
in the case the limb is shortened, foot turns
inwards, but not so much as when it happens
on the dorsum of the Pelvis —

3^d When the bone of the leg is thrown on
the pubis — The limb is shortened, foot turns
outwards. These symptoms are similar to those
in a rupture of the neck of the bone — but
at first that occurs by pulling the head of
the bone along the sacral arch —

Methods of relieving dislocations of the hip
joint — For the Pelvis, by passing strips
between the thighs over the Pelvis —
Then make extension according to the situa-
tion of the head of the bone, if you can
succeed, recourse must be had to means for
relaxing the relaxation of the muscles, viz. vs
warm bath, small doses of opium, then make
use of poultices for its relaxation, continuing the
extension for 4-6-8 or even an hour —

2^d Injuries of the Knee Joint, 1st Dislocation
of the Patella. This occurs either forwards or backwards.
In order to reduce it, let the patient sit up on
bed, take hold of the patella on one side & lift
it up, to this point it will slip into its place.
2^d Dislocation of the Tibia. This occurs either
forwards or backwards, sometimes it is only partial
as it occurs backwards, pushing upon the popliteal
artery. These dislocations are to be reduced by
simple extension, -

3rd An accident occurs at this
joint, concerning the nature of which there is a
variety of opinions - Character of it, etc. is an
internal derangement producing by throwing the
foot out suddenly in falling, so that it is impossi-
ble to straighten the limb. Some suppose it
to be caused by the sharp part of one of the
Semilunar cartilages getting between the ends of
the bones, others have thought that one of the
ligaments tears upon it.

First, let the patient be placed
on a bed with the leg hanging over the side & weight
of the limb is to be drawn down & the knee joint -

The knee joint is subject to the deposit of loose cartilages floating within the joint, cartilaginous at the margin & bony in the centre, occurring from inflammation in the joint & deposits of the substance, the pain attending it is most excruciating, they can be disengaged on the outside of the bones -

Treat. When they can be felt on the outside of the bone confine them there by a small concave trap & bandages -

The knee joint is subject to a tumor occurring between the patella & tibia, of the size of an egg, which fluctuates happens in persons who sit frequently on their knees

Treat. Take a crooked needle with a waxed ligature & pass through the tumor, & the fluid will run out - after a time withers - the action of nature comes on & consequent adhesion -

A collection of fluid sometimes takes place in the joint, the fluctuation of which may be got, occurring in persons subject to Rheumatism - distinguished from white swelling, by the softness of the tumor its fluctuation, great mobility & absence of pain -

16 Treat by bandages & plasters - apply the gum elastic
rice with the mercurial plaster with the many-
tailed bandage over it, then a roller -

Occasionally a tumor appears above the patella
as large as the fist, being a collection of fluid in
the bursae mucosae, in young subjects it has
no communication with the joint -

Treat. Plasters, Bandages & Stimulating Plasters

Lecture Feb'y 15th 1836 Dr Mott -

Dislocation of the ankle joint. This occurs in
3 ways, 1st forward - at such case the tibia is thrown
inward of the astragalus, & the fibula is broken -
2^d On the outside. - 3rd On the Tarsus -

A simple dislocation it is attended with much
difficulty, & a great extension of time required -
But a compound dislocation with fracture
is a dreadful accident, In this case my opinion
is that the foot should be amputated -

Retention, Suppression of Urine

The bladder is liable to be so much distended, as that it cannot be evacuated, some called retention, suppression, & others that there is no distinction. When the bladder is thus distended, as to contain 2 pints a tumor can be felt in the hypogastric region ascertained by feeling it with the hand - after some time the bladder begins to ache, this swelling from the bladder, will become greater, unless you are aware of the fact that the bladder is still continued. If there be doubt as to the retention introduce the catheter.

Suppression of urine rarely occurs & when it does it is a sign of some very serious disease.

Common Causes of retention of urine - Paralysis of the bladder caused by nervous diseases, or by other general injuries of the Spine -

Treat. Introduce the catheter & draw off the urine at least 3 times in 24 hours - this is my plan if there be no impediment - If there be much impediment, after its introduction leave it in the bladder for a day or two -

By means of the catheter frequently, the bladder with its contents retains its tone in a few days, sometimes not until after some weeks, at other times never — It is a good plan to introduce the catheter at night when it on the bladder is best of the bladder becomes distended, it may be evacuated — One of the evidences that the bladder is recovering its tone is that the water flows in a considerable stream. If the catheter be left in the bladder longer than 24 hrs., it should be an elastic one — Other means have been used for restoring the tone of the bladder — as Surt, Cantharide, and cornu. etc. I have never seen any beneficial effects resulting from the administration of these, you may apply a blister over the hypogastric region and on the perineum.

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Lecture Feb 9 18th 1826 F. M. D. 1826

Another cause of retention of urine is inflammation of the neck of the bladder, brought on by exposure to cold when taken of any predisposition -

Symptoms, Inability to pass water, deep seated pain in perineum - vomiting - When you introduce an instrument, it gives most excruciating pain at the neck of the bladder -

Treatment, V.S. Cathartics - Enemas - warm bath - sudorifics - Suspensions of these means do not afford relief, to induce the catheter, having it for sometime, then withdraw suddenly -

Enlargement of the Prostate gland is another cause of retention - attacks follow on the advance of age - Symptoms, Difficulty of passing water, naturally disposed to exclude the body forwards - pain not acute - no tenderness upon pressure - finally retention of urine -

Treatment, Examine the prostate gland by the touch, introducing the finger into the rectum that you may ascertain whether it be enlarged -

It is to be recollected that an ordinary catheter will not evacuate the bladder in persons affected with an enlarged state of the Prostatic gland a longer one than ordinary must be used -

Keep the bowels free - use warm bath - Senna or jalapine - rhubarb &c - When the bladder cannot be evacuated by means of a catheter - the bladder must be forced above the Pelvis -

Extraneous Substances getting into the Urethra sometimes give rise to Retention such as Calculi When situated at the lower part of the Urethra employ W. warm bath - massage - If not cleared by this treat, pass an instrument in down to the Stone, leave it there for some time then withdraw, the gush of water will sometimes bring along the Stone -

Blood will sometimes pass in great quantities through the Urethra without difficulty, at other times it collects & coagulates in the bladder, by which inability to pass the urine comes on, —

Treatment, Put of the end of a large catheter
in & smooth & introduce it - Sometimes it
becomes necessary to draw it off with a syringe.

There are sometimes a mass of retention
Ulceration coming on between the neck & fundus
of the bladder & discharging in -

Another cause is Stricture - When
this occurs, attempt to introduce the catheter, passing
it down to the Stricture. If this will not pass -
employ hot warm bath - Enema - & catheter -
Then make another attempt - If you cannot
afford relief yet - Give Mucilaginous fluid then
10-12 drops every 15 minutes or Pectoral Remedy
Push in a large instrument down to the stricture
leave it for some time, then withdraw it &
the urine will sometimes flow out -

The operation for opening the bladder is
very rarely to be performed - Whenever it is
deemed for, it is performed in 3 different ways.
1st Through the rectum - 2nd above the pubis
3rd Through the perineum - In enlarged prostate
1st of course, it must be punctured above pubis

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Stones in the Bladder. These cannot be dissolved after they are deposited in the bladder - But by the administration of Lithic Acid this formation may be prevented - their prescription is to be guided by the color of the urine, & the the urine deposits, whether it be red or white.

The red deposit which denotes lithic or uric acid calls for alkalis, the best is Potash Carbonate - The White is the ammoniacal phosphate or triple phosphate & calls for acid such as Citric, Malic or (which I most prefer) succinate acid -

Stones are formed in 5 parts of the Urinary organs of the male viz Kidneys, Ureters, Bladder, Prostate gland & Uthra -

Stones are frequently met with in the Kidneys, forming a cystic deposit - sometimes death - Symptoms are hæmaturia, vomiting & pain in the lumbar region - Haematuria & sometimes an enlargement of the Kidney

Lecture Feb 15th 1825 Dr. Moore - 11

Calculus sometimes obstruct the passage of the urine through the ureters & thereby produce a variety of symptoms - The symptoms are excruciating pain along the course of the ureters, nausea & vomiting, retraction of the testicle, bloody urine, pain in the lumbar region, not unfrequently adhesions between the ureters & colon or rectum occur, in which case the discharge of calculi per an is takes place - Persons thus affected are said to have paronychia of gravel -

When a stone has reached the bladder a new set of symptoms arise, viz pain at the end of the penis which is most severe after making water the urine is passed in jets - great pain is produced on riding or horseback or by any violent exercise specks of blood are passed in the urine particularly after such exercise, & in children nocturnal emission is a common attendant - Distinguished from inflammation of the bladder (cystitis) by the pain in the latter being most severe while in a state of distension & the retention of the excretion of stone in the bladder & should be described, & it should

be done with an instrument perfectly secure & plain
 so that the presence of the smallest stone may
 be detected. If you sound a person in a
 recumbent position & do not discover the stone
 you should try it with the patient in an erect
 position & little incline forward so that the
 stone may change its position. The sounding should
 not be continued too long at a time, but should
 be repeated 2 or 3 times before operation. It should
 be felt immediately previous to the operation.
 A child should not be operated on before the
 age of 3 yrs unless the symptoms are extremely
 violent & desperately dangerous, & then the parents
 should be apprised that the child is very liable
 to sink under the operation. In general it
 should not be performed before 6 or 8 years -
 In advanced life patients do better than in
 middle life from the greater liability in the
 latter to inflammation &c.

The Doctor previous to the opera-
 tion should be prepared for it by depleting
 means -

At the time of the operation the rectum should be introduced to an extent if possible the bladder should be kept distended -

Operation - The patient being properly fixed upon a table, the staff should be introduced & a stone felt - now feel for the arch of the pubis, immediately under this make an incision on the left side of the raphe of the perineum, obliquely between the tuber ischii & the anus - Having cut through the integuments, separate the a. & v. of the urethra & the levator perinis muscle - push aside the bulb of the urethra & pass the knife into the groove of the staff with a free incision now take the staff previously held by an assistant in your left hand & pull it towards you hold it firmly, pass the knife into the bladder & throw it off the staff - you now introduce the forceps which should be larger or smaller according to the size of the stone - They should be passed in so far that the point is at the neck of the bladder - now open them until you feel the stone, then pass the lower blade under the stone & bring second at previous to withdrawing it they should be

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turn it completely around to ascertain whether the bladder be not within the blades - The forceps must now be withdrawn -

Put the patient to bed - laying a folded sheet under the males - no dressing or nursing - Stones are of various characters - are generally formed upon a nucleus - Stratum Superstratum - This stratum may be distinctly perceived on sawing through the calculus -

These nuclei may be any extraneous substance introduced into the bladder such as an ear of wheat corn - a bullet - a drop of lime &c -

There are 6 species of urinary Calculi
1st The Uric or Lithic acid, associated & blended with a quantity of animal matter - It is formed by the blow pipe - volatilizes, & emits an animal odour, leaving a carbonaceous residue - It is reddish in its appearance. 2nd Phosphates of lime or Bone Calculi - generally the scales of these are lithic acid & animal matter which putrefies after exposure to the air takes on the appearance of rotten wood - It is very hard - is readily soluble in mineral acids - By strong heat

the phosphoric acid may be driven off leaving the
 base behind - 3rd Ammonia Magnesia Sulfate
 very hard & crystalline, rough & granular -
 4th is rarely seen. Oxalate of lime or Mallic acid
 Calomel - 5th Urate of Ammonia 6th Uric
 Oxide recently described by H. C. Weston -

Feb 21st 1826 Dr. South -

Part cut in the operation for Stone -
 1st Skin & cellular substance, accelerator urinis
 muscles, the artery of the bulb is generally cut,
 sometimes avoided by pushing the bulb the more distal
 the levator ani muscle - one side of the Pro-
 state gland, Punctures of the Urethra -

Difficulties met with in the operation -
 1st Slipping of the gorget - 2nd The size of the
 Stone, no weighing more than 80 cannot be taken
 from the bladder whole Stone may be broken by
 instrument made for that purpose. 3rd The Stone
 being enclosed in a sac - 4th The Internal Spermatic
 artery is often cut when the gorget is used, when
 the knife is used there is no danger - Some
 have suggested that a ligature should be passed

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shown it when it is out, but this is attended
with considerable difficulty, 5th Number of
Stones. Known by their smoothness - 6th Dissolved
State of the Bladder -

Lecture Feb 22nd 1825 F. Mott -
Dr. H. Mott -

Hydrocele is defined a collection of water, generally
referred to the Scrotum, rather to the collection of water
than to the collection of water, but I prefer the
more extensive definition as applicable of the Scrotum
Testis & Cord -

Hydrocele of the Scrotum should
be distinguished from other affections of this part
by being at the bottom of the Scrotum, gradually
enlarging particularly in one side, of a spherical
shape usually the testis is enlarged, but sometimes
the testis is not enlarged, but the hydrocele will distinguish it from most of the
other affections of this part - fluctuation, passing
from top to bottom, and from side
to side - from pressure - distinguished from
hemorrhoids by the fluctuation being from top to
bottom, and from side to side - the same will affect the diagnosis.

Known from America to be common at the 191
bottom - from Knoxville to its tributaries, giving
the name to the River of the River -

Cause of Syphilis, Inflamed in the tissues
of the testis, occurring from accidents - arising in
the urethra - warm climate &c. When the testis is inflamed
called inverted Hydrocele -

Orbit, derived into Prostatitis
Prostatic, the first consists in lifting the
prostate with a hook, which sometimes shows a
sacred cure - All forms do not require an im-
mediate operation - there is a form termed acute, which
is sometimes cured spontaneously -

Prostatic Neck, the best means for
expanding this is by injection - When acute to -
diseases of Syphilis if it be very large, keep it at
first, then leave it to accumulate, afterwards
expanding it - If you are not positive that it is a
syphilis, take a lancet & cautiously cut down
until you come to the water, then pass in the trocar
slightly upwards, & draw the fluid & thrust the
trocar completely in the Tunica Vaginalis Testis
the injection taken 30 days to a fortnight

17) If the patient is full, leave it on for 10 min -
usually gives rise to sickness or stomach
fainting &c, if the pain be extraordinary, give a
dose of Laud - Let the patient walk about
until considerable relief is obtained - always
keep the bowels open, in the course of 8 or 10 days
the inflammation subsides, then apply a dressing
of the excision into the cellular sub-
stance, & when by its not flowing freely, & when
the scab will be the consequence - In this
case make a free incision immediately down
to the union exposed fully, along the place of
excision, apply powder &c.

When it is an excretory Symplocia of the
kind, not down to it necessarily, no operation
will be necessary - When it extends to the
peritoneal cavity, apply a solution of muriatic
of ammonia & sugar, which will promote
absorption - When occurring in children, if you
cannot remove it by application, take a common
needles, armed with a human ligature, pass
it through the Scrotum, leave it for 10 days
Hydrocele in other parts may be treated
before mentioned

by means of the duct, called *Spina Hydr.* -
It appears in different parts of the Spine, but
commonly at the lumbar articulation or Sacrum, there
is a depression in the Spinal process, & a partial defe-
ciency, the tumor is sometimes pulsative & fluctuating,
Pain, Palliation & Malice. The first consists
in supporting the tumor by means of a truss, thereby
preventing it from growing, this requires to be worn
for several years - I ^{say} this consists in puncturing
the part & evacuating the fluid, then making proof
with a small instrument - When connected with
Hydrocephalus I never know it to be cured -

Lecture Feb^y 23^d 1825 & note
on Hydrocephalus -

In Hydrocephalus, the water for the most part is
within the lateral ventricle, it is however, sometimes
contained between the membranes of the brain.
When it is thus situated without the brain, the
fluctuation can sometimes be distinctly felt, soft
or transparent - It has been thought that in
such cases, the water might be drawn off -
For this purpose, a slight trepan is necessary,
puncturing at the place of fluctuation or at the

1st side of the longitudinal sinus, after it is
fractured, & the water runs out, immediately
apply a bandage round the head, either the
double headed roller, or a night cap firmly
so that may children have been completely cured
convulsions will sometimes ensue & destroy the child

It is a question whether to puncture the brain
if no water be found between the membranes
It may be done, not without considerable danger
If it is proper the instrument is the lateral ventricle

Granula

It is a tumour situated on one side of the
tongue of a follicle appearing, containing
eccarcous matter. Sometimes it is perfectly
pusty. consequent upon inflammation

Treat. Put in a seton & leave it
for several weeks, upon withdrawing all
difficulty will be removed

Diseases of the Testicles

There are four of these requiring consideration of, this organ - 1st the Hydatid - 2^d Schirrus - 3^d Prostatic - 4th Scrophulous Testicle

The Hydatid is characterised by great enlargement of the Testicle, unattended with pain, preserving the form of the Testicle, however than Hydatids fluctuating, tho' not from top to bottom -

It will remain for some time without affecting the constitution - Occurs in early life from 20 - 30 years - In cutting into it, sacs are found containing a pellucid fluid -

3^d Schirrus Testicle. This is very rare - occurs in advanced life - remarkably hard - not very large - pain passes up the cord of a pungent, burning nature, at times becomes knotted - inguinal glands become enlarged, when the glands become affected, it is doubtful whether it can be cured by removing the Testicle

1823

3rd 1st commences the Puffy tumor of the Testicle - Begins insidiously, considerable pain entered habit - very rapid in its progress - early removal may cure it - 1

2nd This is an affection of the Testicle attended upon a Scrophulous habit

Testis Feb 24th 1826 D. Ross -

The other tumor of the Testicle is called Schirrhous for very comminuted Sarcocoele. This arises from diseases of the Urethra. It is a hard swelling, It may be idiopathic, but for the most part, they are symptomatic of Stricture & a morbid sensibility of the Urethra & therefore when this is removed, the enlargement of the testicle will be removed, sometimes it is accompanied with an inflammation of the Tunica vaginalis.

I have met with this disease where it was purely Idiopathic, & cured it by directing my attention to the constitution & to the Testicle.

Treat, apply a piece of oiled silk over the testicle, & over this a suspensory bandage - Give internally small quantities of Digitalis, Calomel

8 apices in the proportion of 4 to 8 apices 4 to 8 times
a 4 to 8 apices - This I have found very beneficial

Operation for extirpation of the Testicle
Make an incision from the external abdominal
ring to the bottom of the Scrotum, through the
Thuman vaginal testis, lay bare the cord, separate
the vas deferens, then tie the cord, on a distant
solid hold of the cord just above the ligatures
while the Surgeon cuts the cord, the vessels are
now to be tied, leave the patient for a short time

The parts are now to be disinfected. Two or three
sutures are necessary at the lower part & at the
upper part adhesive plaster. apply coat. a com-
pess & T Bandages -

Aneurism

An aneurism is a tumor situated upon an artery, arising either from a wound or from the dilatation of its coats - Divided into True & False - Modern Surgeons have subdivided them into Circumscribed True & False, and Diffused True & False aneurisms - A False aneurism is formed (by the wound of an artery) in the surrounding cellular membrane, or confined by fascial expansion or surrounded by muscles. I have seen it sometimes extending from the wrist of the finger to the shoulder -

A true aneurism is understood to be that the inner coat of the artery takes on a disease of some kind or another, from a vitiated constitution -

A aneurism has 3 Stages - 1st Is that in which by pressure made upon it the tumor will disappear - 2^d Is that in which the blood is coagulated in the tumor, and pain or other will be found where the pulsation may be felt, the limb becomes oedematous -

3^d Stage - The tumor is very firm - skin livid
of a dark brown colour & cracks open from
which issues a sanious fluid - This precedes the
bursting the aneurisms - We may prevent a fatal
haemorrhage for some time by the application of
adhesive plaisters -

Aneurisms are seated in different
parts of the body - 1st just about the arch of the
aorta, involving the vessels of the neck. It pro-
duces a pulsating tumor under the sternum
2^d just below the curve of the aorta, pressing
upon the spine. 3^d just above the diaphragm
when it bursts here, it produces instantaneous
death. 4th immediately where the coeliac artery
is given off, attended with a strong pulsation
in the Epigastric region -

New York Feb 28th 1826

Lecture Feb'y 28th 1825 Dr. Moore

Another situation for aneurism, is about the emulgent arteries, making its way to the back, they have in this situation been mistaken for abscesses & opened -

Aneurisms seated in the internal parts of the body are for the most part without the reach of any operation. - We can only use palliative means - For this purpose the patient should avoid all severe exercise which would favour the bursting of the tumor - Some recommend digitalis, but it is very disagreeable to the stomach & therefore it would be better to enjoin upon the patient to live abstemiously -

Cure of Aneurism, In general it can only be cured but by obliterating the artery above the tumor which is effected by a surgical operation. We may be assured of the fact however that nature may obliterate the cavity of the artery, this is very rarely the case - When an aneurism is cured spontaneously it is effected by one of two ways 1st the artery is obliterated above the tumor by the pressure of the tumor - 2^d by the current being interrupted, the blood finds its way, through the anastomosing branches,

Prepuce has been tried & recommended for the cure
of aneurisms - but the only effectual means for the
cure, is to cut down upon the artery & apply ligature.

Popliteal Aneurism is the most frequent? occurring
between the hamstrings, of a pulsating nature -
(For the method of operating see Page 133) -

